

Name  
in  
Full

Vinyl P. Andrews

March

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown <sup>Town</sup> Washington <sup>County</sup> MARYLAND  
Date of death 1909 12 <sup>Month</sup> 30 <sup>Day</sup> about <sup>Years</sup> 34 <sup>Age</sup> — <sup>Months</sup> — <sup>Days</sup>

Sex male Color or Race white Birth-place Md

Occupation Plumber Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife Margaret Andrews

Father's Name Not Known

Father's Birthplace Kentland, Md

Mother's Maiden Name Not Known

Mother's Birthplace Kentland, Md

Name of person giving Information Margaret Andrews

How related to deceased wife

CAUSES OF DEATH

Primary Pulmonary Tuberculosis

How long 4 months

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. E. Hoff  
Hagerstown  
Md

Accident or Suicide

Low Hill.

L.M. Suttonson

L. M. Suttonson

Name  
in  
Full

*Sarah Margaret Armstrong*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died *near Hagerstown* Town *Washington* County *MARYLAND*  
Date of death 1909 *12* Month *24* Day Age *1* Years *4* Months *4* Days  
Sex *Female* Color or Race *white* Birth-place *Md.*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *single* Name of Wife or Husband \_\_\_\_\_  
Father's Name *Elias Andrew Armstrong* Father's Birthplace *Md.*  
Mother's Maiden Name *Helen Stouffer* Mother's Birthplace *Md.*  
Name of person giving Information *E. A. Armstrong* How related to deceased *father.*

CAUSES OF DEATH

Primary *Acute Pulmonary Congestion* How long *95* *3 hrs*  
Immediate *Cardiac Failure* How long *sudden*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide *No*

PHYSICIAN  
OR CORONER

L.M. Suter <sup>Thy</sup> Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Luther C. Bartles* Town *Hagerstown* County *Wash* MARYLAND

Died at *Hagerstown* Date of death 1907 Month *Dec* Day *30* Age *24* Years *6* Months *14* Days

Sex *male* Color or Race *White* Birth-place *md*

Occupation *Farmer* Where Residing if not at place of death *Lydia, Ind.*

Married, Single or Widowed *married* Name of Wife or Husband *Katie K...*

Father's Name *Wm Bartles* Father's Birthplace *Maryland*

Mother's Maiden Name *Ellen King* Mother's Birthplace *Maryland*

Name of person giving Information *Wm Bartles* How related to deceased *Father*

## CAUSES OF DEATH

Primary

*Aneurism of int carotid*

Immediate

*Cerebral Embolism*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*U. M. Reichard*  
*Fair Play*

How long

How long

*18 hours*~~Accident or Suicide~~



Name  
in  
Full

Frank E. Beeler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington MARYLAND

Date of death 1909 <sup>Month</sup> 12 <sup>Day</sup> 6 Age <sup>Years</sup> 45 <sup>Months</sup> 3 <sup>Days</sup> 13

Sex male Color or Race white Birth-place Md

Occupation Plumber Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Nettie K. Beeler

Father's Name Henry H. Beeler Father's Birthplace Md

Mother's Maiden Name Helen Eyerly Mother's Birthplace "

Name of person giving Information Mrs. F. E. Beeler How related to deceased wife

## CAUSES OF DEATH

Primary Cancer of tongue & neck about 1 year

Immediate Exhaustion seasonal months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. W. Rager-  
Hagerstown Md

Address

Accident or Suicide No

PHYSICIAN  
OR CORONER

L.M. Suter & Son



Name  
in  
Full

## CERTIFICATE OF DEATH

Alexander Bennett

Town

County

MARYLAND

Died at

Hagerstown

Wash

Date

of death

1909

Month

12

Day

19

Age

Years

44

Months

Days

21

Sex

male

Color or  
Race

white

Birth-  
place

W. Va.

Occupation

R. R. Conductor

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife -

Bertha Reynolds Bennett

Father's  
Name

Mason Bennett

Father's  
Birthplace

W. Va

Mother's  
Maiden Name

Mary Elizabeth Haines

Mother's  
Birthplace

W. Va

Name of person giving  
Information

Mrs Alex. Bennett

How related  
to deceased

wife

## CAUSES OF DEATH

Primary

R. R. Accidents.

Immediate

Stroke

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

H. H. Den. M.D.  
Hagerstown  
Md.

Accident or Suicide

Accidents.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER

e

L.M. Suter & Son

Name in Full		Charles G. Biggs				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND		
	Date of death		1909	Month	Dec	Day	9	
	Age		59		Months	11	Days	
	Sex		Male		Color or Race	White		
	Birth-place		Sharpsburg, Md					
	Occupation		Attorney at Law		Where Residing if not at place of death			
	Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		A. A. Biggs				Father's Birthplace	near Emmettsburg Carroll Co.	
Mother's Maiden Name		Margaret Wagoner				Mother's Birthplace	Sharpsburg, Md	
Name of person giving information		Mrs. Char. A. Lyne				How related to deceased	Sister	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		apoplexy				How long	about 10 hours
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician	S. Howell Gardner
							Address	Sharpsburg Md
	Accident or Suicide?							

64

Chas. S. Wade  
undertaker

Name  
in  
Full

Boulin Brogunis

CERTIFICATE OF DEATH

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

of death

1909

Month

12

Day

25

Age

Years

Months

7

Days

7

Sex

Female

Color or  
Race

White

Birth-  
place

MD

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Joshua

Brogunis

Father's  
Birthplace

MD

Mother's  
Maiden Name

Anna

Rosenberg

Mother's  
Birthplace

Ohio

Name of parson giving  
Information

Joshua

Brogunis

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

93

3 days

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W. Preston Childs  
1409 Lexington  
Ave

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

L. M. Harkins

Name  
in  
Full

Mary E. Brinham

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Martinsville</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death 190 <sup>9</sup> <i>Dec</i>		<sup>Month</sup> <i>10</i>	<sup>Day</sup> <i>10</i>	<sup>Years</sup> <i>17</i>	<sup>Months</sup> <i>5</i> <sup>Days</sup> <i>8</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>	
Occupation <i>Housewife</i>		Where Residing If not at place of death <i>_____</i>			
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Benjamin Brinham</i>			
Father's Name <i>Thomas Martin</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Not known</i>			
Name of person giving information <i>R. E. L. Brinham</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

(41)

PHYSICIAN  
OR CORONER

Primary <i>Cancer - Intestinal</i>	How long <i>1 Year</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Davis</i>
	Address <i>Boonsboro -</i>
Accident or Suicide?	

Briming & Bast  
undertakers

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Name  
in  
Full

Bruce H. Brosius

## CERTIFICATE OF DEATH

West Va.  
MARYLANDTO BE ANSWERED BY  
NEAREST FRIEND

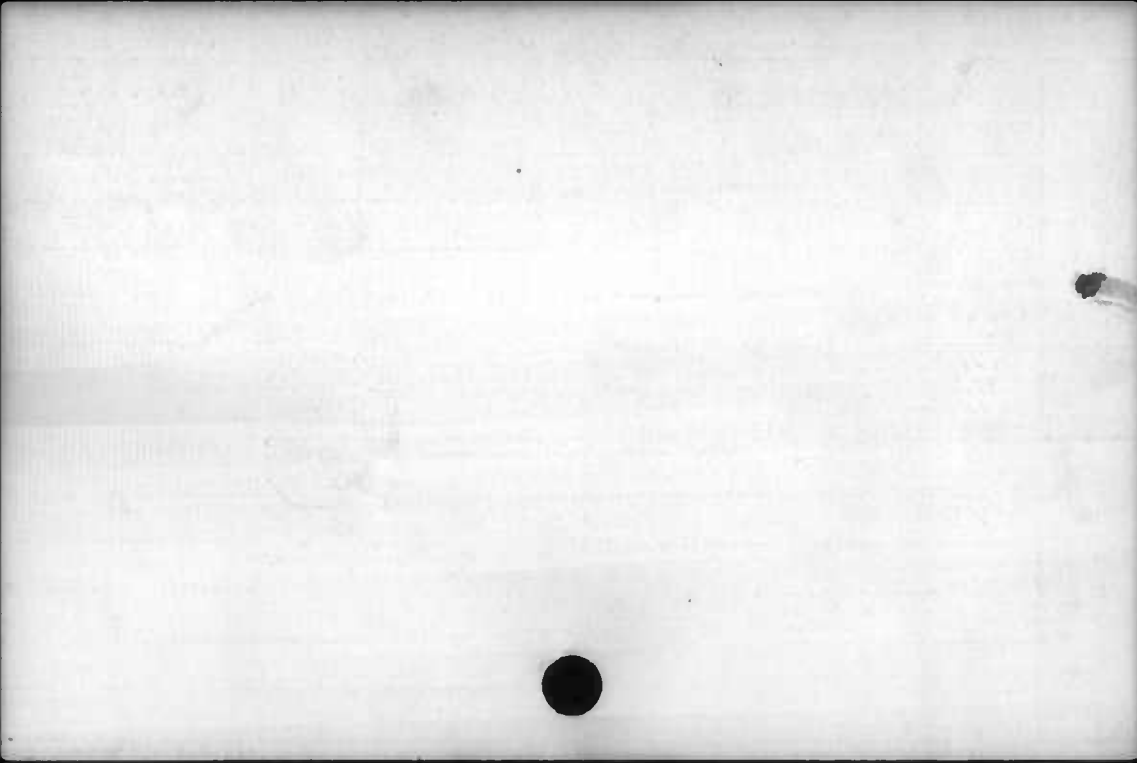
Died at <i>Brosius</i> Town		<i>Morgan</i> County	
Date of death	1909	Month	Dec
Day	18	Years	34
Months	10	Days	24
Sex	Male	Color or Race	White
Birth-place	<i>Morgan Co. W. Va.</i>		
Occupation	<i>Merchant</i>		Where Residing if not at place of death
Married, Single or Widowed		Name of Wife or Husband	
<i>Married</i>		<i>Sarah C. Brosius</i>	
Father's Name	<i>L. B. Brosius</i>		Father's Birthplace
<i>Ohio</i>		<i>Wash Co Md</i>	
Mother's Maiden Name	<i>Agnes Taylor</i>		Mother's Birthplace
<i>Ohio</i>		<i>Ohio</i>	
Name of person giving information	<i>Mrs S. C. Brosius</i>		How related to deceased
<i>Wife</i>		<i>Wife</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Valvular Disease of Heart</i>		How long	<i>9 Mo</i>
Immediate	<i>Apoplexy</i>		How long	<i>One Week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>J. L. West</i>		
		Address		
		<i>Hancock</i>		
		<i>Md</i>		
Accident or Suicide?		<i>No</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

*D Shuck Brown*  
Town *Hagerstown* County *Wash*

Died at *Hagerstown* *Wash*  
Date of death 190 *9* Month *12* Day *3* Age *65* Months *2* Days *5*

Sex *male* Color or Race *white* Birth-place *Pa.*

Occupation *Merchant* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife *Catherine J. Brown*

Father's Name *Thomas Brown* Father's Birthplace *Ireland.*

Mother's Maiden Name *Helen Polk* Mother's Birthplace *Penn.*

Name of person giving Information *Maynard Brown* How related to deceased *son*

CAUSES OF DEATH

Primary *Bright's Disease* How long *120* *yr*  
Immediate *Exhaustion* How long *Weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. E. Pittsogle*  
Address *Hagerstown Md*

PHYSICIAN  
OR CORONER

Accident or Suicide

L.M. Senter & Son

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John N. Brumbaugh</i>		Town <i>Middleburg</i>		County <i>Washington</i>		MARYLAND									
Died at		Date of death <i>1909</i>		Month <i>12</i>		Day <i>6</i>		Age <i>69</i>		Years <i>6</i>		Months <i>15</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>ms.</i>											
Occupation <i>Retired farmer</i>		Where Residing if not place of death													
Married, <del>Single</del> <i>Married</i>		Name of Wife or Husband <i>Elizabeth Brumbaugh</i>		Father's Name <i>Samuel Brumbaugh</i>		Father's Birthplace <i>ms.</i>									
Mother's Maiden Name <i>Eliza Heisecker</i>		Mother's Birthplace <i>Pa.</i>		Name of person giving Information <i>Edward L. Brumbaugh</i>		How related to deceased <i>Son</i>									

CAUSES OF DEATH

Primary *Pneumonia* How long *93* *4 Dec 10*

Immediate *—* How long *—*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *D. C. Miller M.D.*  
Address *Middleburg Washington Pa*

Accident or Suicide *—*

PHYSICIAN  
OR CORNER

Mr. Seirich

Name  
in  
Full

CERTIFICATE OF DEATH

*Catharine Burger*

Town

County

MARYLAND

Died at *Hagerstown*

*Washington*

Date

of death

1909

Month

12

Day

18

Age

Years

Months

1

Days

21

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*MD*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Charles B Burger*

Father's  
Birthplace

*Pa*

Mother's  
Maiden Name

*Frances L Ward*

Mother's  
Birthplace

*Pa*

Name of person giving  
Information

*Charles B Burger*

How related  
to deceased

*Father*

CAUSES OF DEATH

Primary

*Pneumonia*

How long

*3 days*

Immediate

*cardiac exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*H. Bruce Key*

Address

*Hagerstown Md.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*2*

L. M. Watkins



Name  
in  
Full

Still born Child of Wm. & Belle M. Berger

CERTIFICATE OF DEATH

Died at Hagerstown Town Wash County MARYLAND

Date of death 1909 12 Month 10 Day Age — Years Months Days

Sex male Color or Race white Birth-place md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name William Berger Father's Birthplace md.

Mother's Maiden Name Belle Winters Mother's Birthplace md.

Name of person giving Information Wm. Berger How related to deceased father

CAUSES OF DEATH

Primary Still Born How long 8 (circled) 11

Immediate 11 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Victor S. Bailey

Address Hagerstown md

Accident or Suicide —

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

L.M. Senter and Son

Name  
in  
Full

Thomas W. Bussard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Sharpsburg		County Washington		MARYLAND	
Date of death		1909	Month Dec	18	Years 36	Months —	Days 7
Sex Male		Color or Race White		Birth place near Sharpsburg, Md			
Occupation Laborer				Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife Amanda Bussard					
Father's Name John Bussard		Birthplace near Eagles, Md					
Mother's Maiden Name Mary Homer		Birthplace near Sharpsburg, Md					
Name of person giving information A. J. Bussard		How related to deceased Brother					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long Several years
Immediate	Exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C. H. Gardner
		Address Sharpsburg Md
Accident or Suicide?		

Chas. S. Ward  
undertaker

Name  
in  
Full

Harriet Newell Byron

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Williamsport <sup>County</sup> Wash MARYLAND

Date of death 1909 <sup>Month</sup> 12 <sup>Day</sup> 11 Age <sup>Years</sup> 73 <sup>Months</sup> 6 <sup>Days</sup> 20

Sex Female Color or Race white Birth-place Massachusetts

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed married Name of Husband William D. Byron

Father's Name Thos Jefferson Cook Father's Birthplace New Hampshire

Mother's Maiden Name Harriett Newell Palmer Mother's Birthplace Massachusetts

Name of person giving Information J.C. Byron How related to deceased son

CAUSES OF DEATH

Primary Chr. Interstitial Nephritis. How long 4 years.

Immediate Exhaustion. How long 4 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician

Address

Ernest N. Guithy  
Williamsport

PHYSICIAN  
OR CORNER

Accident or Suicide

Computer House

Name  
in  
Full

Amanda E. Chrisman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Williamstown* <sup>County</sup> *Harrison* **MARYLAND**

Date of death 190 <sup>Month</sup> *9* <sup>Day</sup> *12* <sup>Years</sup> *6* Age <sup>Months</sup> *1* <sup>Days</sup> *1*

Sex *Female* Color or Race *White* Birth-place *Williamstown*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Adolphus W. Chrisman*

Father's Birthplace

*Chesapeake Md*

Mother's Maiden Name

*Bessie B. Kemmer*

Mother's Birthplace

*" "*

Name of person giving Information

*Father*

How related to deceased

## CAUSES OF DEATH

151

Primary

*Premature Birth*

How long

*Eight hours*

Immediate

*Exhaustion*

How long

*From birth*

Are the name, age, sex, color, data and place correctly given above?

*yes.*

Signature of Physician

*W. S. Richardson*

Address

*Williamstown Md.*

Accident or Suicide

*no*PHYSICIAN  
OR CORONER

J M Miller  
Undertaker  
Williamsport  
Md



Name  
in  
Full

Cora E Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Eckles Mills</b> <small>Town</small>		<b>Washington</b> <small>County</small>		<b>State</b> <small>MARYLAND</small>	
Date of death <b>1909</b> <small>Month</small> <b>12</b> <small>Day</small> <b>16</b>		Age <b>15</b> <small>Years</small>		<b>5</b> <small>Months</small> <b>13</b> <small>Days</small>	
Sex <b>Female</b>		Color or Race <b>Colored</b>		Birth-place <b>Eckles Mills</b>	
Occupation <b>None</b>		Where Residing if not at place of death <b>— — —</b>			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>— — —</b>			
Father's Name <b>George Clark</b>		Father's Birthplace <b>Eckles Mills</b>			
Mother's Maiden Name <b>Margaret Wright</b>		Mother's Birthplace <b>" "</b>			
Name of person giving Information <b>George Clark</b>		How related to deceased <b>Brother</b>			

CAUSES OF DEATH

Primary <b>Pulmonary Tuberculosis</b>	<b>27</b> How long <b>1 year</b>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician

Address

**Richard H. Price**  
**Needy'sville**  
**md**

Accident or Suicide

L E Duman & Co

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

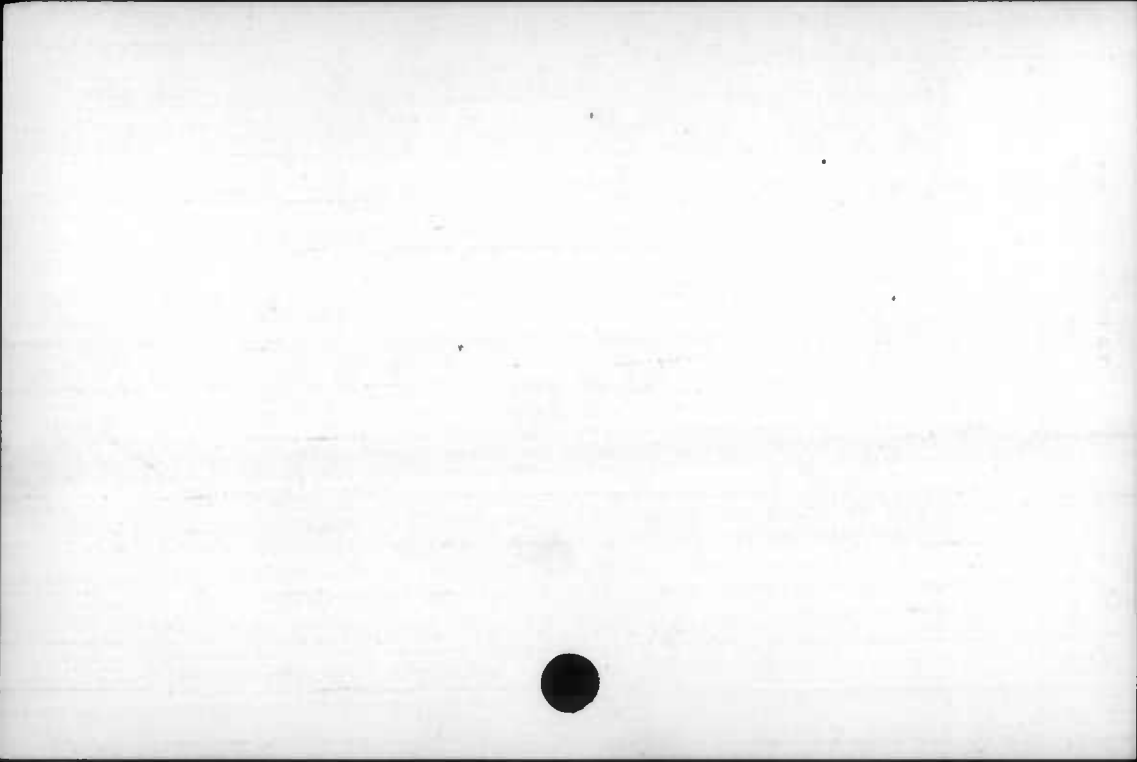
Name <i>James Cline</i>		Town <i>Pondsville</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death <i>1909 Dec 26th</i>		Age <i>26</i>		Months <i>—</i> Days (?) <i>about 5 min</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Pondsville Ind.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Benj F. Cline</i>		Father's Birthplace <i>Pondsville Ind.</i>					
Mother's Maiden Name <i>Mary E. Williams</i>		Mother's Birthplace <i>Pondsville Ind.</i>					
Name of person giving information <i>Benj F. Cline</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>Has a 7 mo. Gestation</i>
Immediate <i>Asphyxia &amp; Inattention</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Smith M.D.</i>
	Address <i>Smithsburg Ind.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Bline

Town

Pondsville

County

Washington

MARYLAND

Died at

Date

1909

Month

Dec.

Day

26th

Years

Age

Months

Days

5 min (?)

Sex

Male

Color or  
Race

White

Birth-  
place

Pondsville

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Benj. F. Bline

Father's  
Birthplace

Pondsville

Mother's  
Maiden Name

Mary C. Williams

Mother's  
Birthplace

Pondsville

Name of person giving  
Information

Benj. F. Bline

How related  
to deceased

Father

## CAUSES OF DEATH

151

Primary

Premature Birth

How long

Was 7 mo. Foretus

Immediate

Asphyxia &amp; Inattention

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. F. Smith M.D.

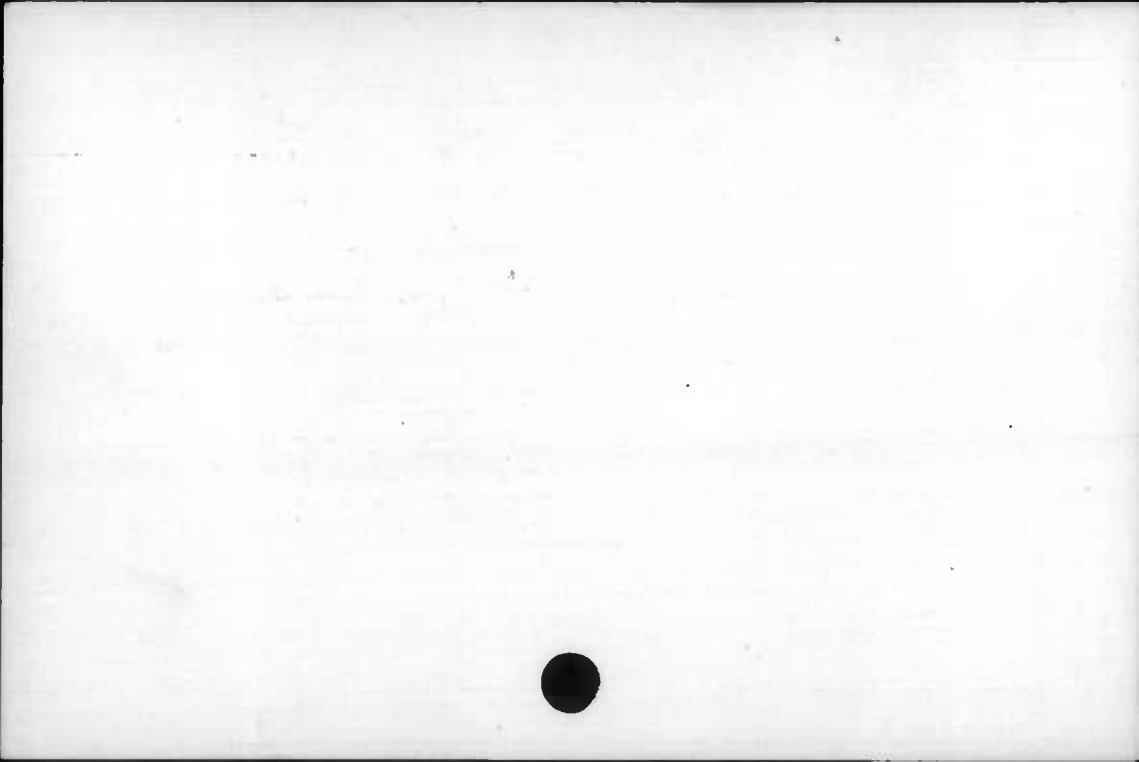
Address

Smithsburg,  
Md.

Accident or Suicide?

—

PHYSICIAN  
OR CORONER



Name  
in  
Full

R Earl Cole

## CERTIFICATE OF DEATH

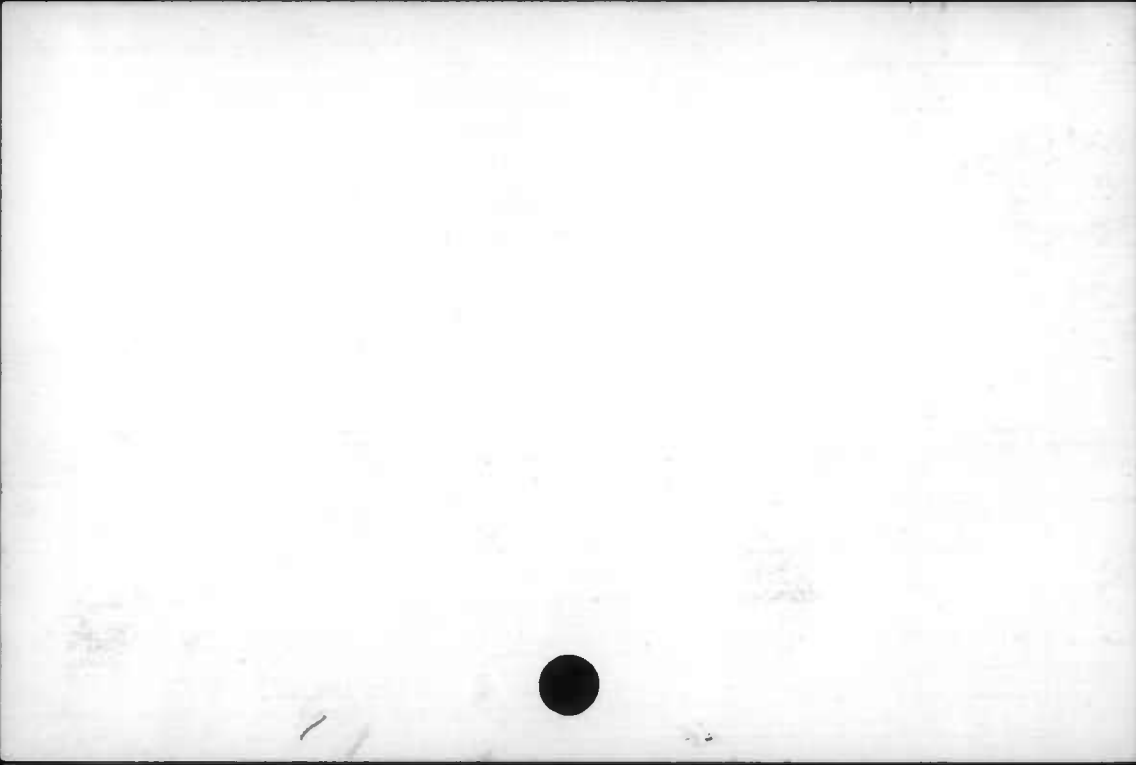
TO BE ANSWERED BY  
NEAREST FRIEND

District		Town		County		MARYLAND	
Sandy Hook		Sandy Hook		Washington			
Date of death		Month	Day	Age	Years	Months	Days
1909 Dec.			27	26		7	28
Sex		Color or Race		Birth-place			
male		white		Sandy Hook Md			
Occupation				Where Residing if not at place of death			
none				Sandy Hook			
Married, Single or Widowed		Name of Wife or Husband					
married		Edith Cole					
Father's Name		Father's Birthplace					
Frederick Cole		Md.					
Mother's Maiden Name		Mother's Birthplace					
Julia Roeder		W. Va					
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

Primary	Cancer of Liver	How long	four months
Immediate	Exhaustion	How long	one month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		B B Ranson MD	
Yes.		Address	
no		Harpers Ferry W. Va	
Accident or Suicide			

PHYSICIAN  
OR CORONER





Name  
in  
Full

Lathuram M. Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Waguestown <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date of death 190 9 Month 12 Day 5 Age 66 Years Months        Days       

Sex Female Color or Race white Birth-place Germany

Occupation Housework Where Residing if not at place of death       

Married, Single or Widowed Widowed Name of Wife or Husband Jacot Craig

Father's Name dont know Father's Birthplace Germany

Mother's Maiden Name " " Mother's Birthplace Germany

Name of person giving Information Annie Craig How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis Ed. Rushon gn 66 6 days

Immediate Ed. Rushon 6 days

Are the name, age, sex, color, date and place correctly given above? gn

Signature of Physician Ed. Rushon Address Biggs Ave

Accident Suicide

L. M. Watkins

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Elizabeth Creager

Died at <sup>Town</sup> *Leitersburg* <sup>County</sup> *Washington*

MARYLAND

Date of death 190 <sup>Month</sup> *9* <sup>Day</sup> *12* <sup>Years</sup> *19* Age <sup>Months</sup> *6* <sup>Days</sup> *26*

Sex *Female* Color or Race *white* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death *\_\_\_\_\_*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Jacob Creager*

Father's Name *don't know* Father's Birthplace *don't know*

Mother's Maiden Name *don't know* Mother's Birthplace *" "*

Name of person giving Information *Martin L Creager* How related to deceased *Son*

CAUSES OF DEATH

**93**  
How long

Primary *Pneumonia* How long *11 days*

Immediate *General Debility* How long *12 days*

Are the name, age, sex, color, date and place correctly given above?

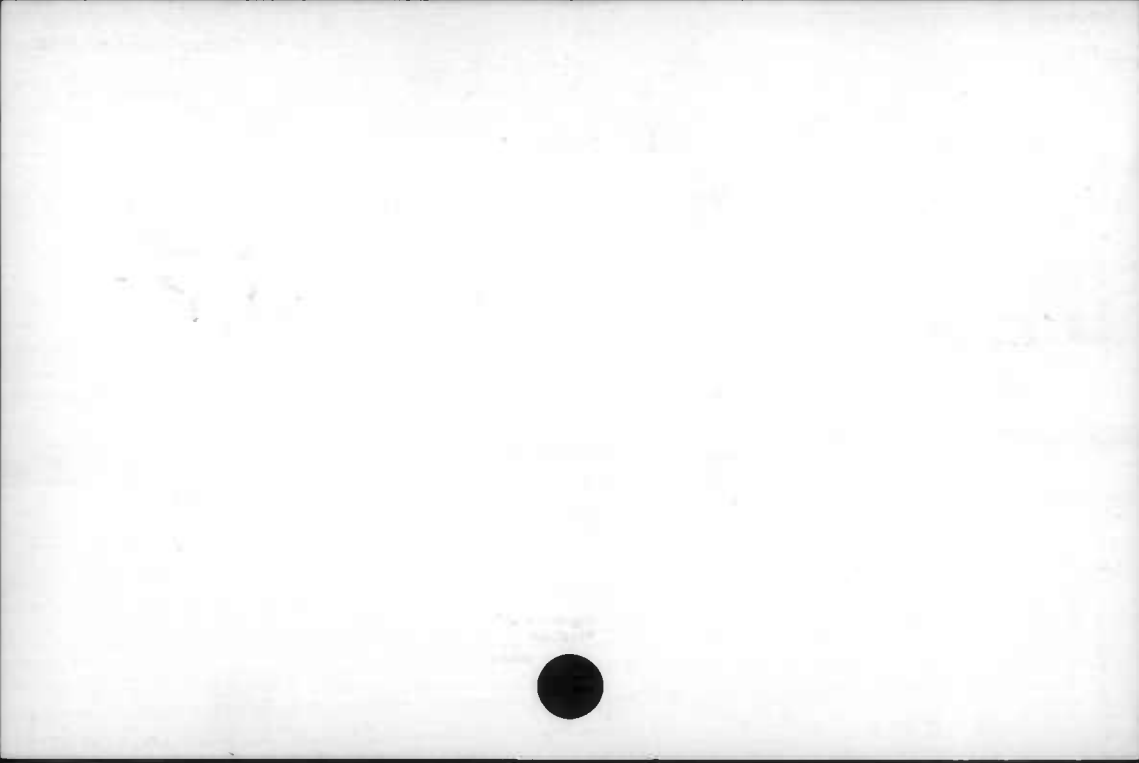
Signature of Physician

Address

*J. H. Wishard*  
*Leitersburg*  
*Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Louisa Crew*  
Town *Hayes station* County *Washington*  
Died at *Washington* MARYLAND  
Date of death 1909 *12* Month *26* Day *33* Age *33* Years Months DaysSex *Female* Color or Race *Colored* Birth-place *md*  
Occupation *Domestic* Where Residing if not at place of death *md*Married, Single or Widowed *Single* Name of Wife or Husband *md*Father's Name *Thomas Crew*Father's Birthplace *md*Mother's Maiden Name *Mahala Hill*Mother's Birthplace *md*Name of person giving Information *Mary E Taylor*How related to deceased *Sister*

## CAUSES OF DEATH

Primary *Acute Gastro-Enteritis*How long *3 weeks*Immediate *Exhaustion with Cardiac Failure*How long *5 days*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*Dr. D. G. ...  
Washington*

Accident or Suicide

*No**md*PHYSICIAN  
OR CORONER*2*

Dr. Weymann      Haber  
Löffmann

A.K. Löffmann

Name  
in  
Full

Mary Leona Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

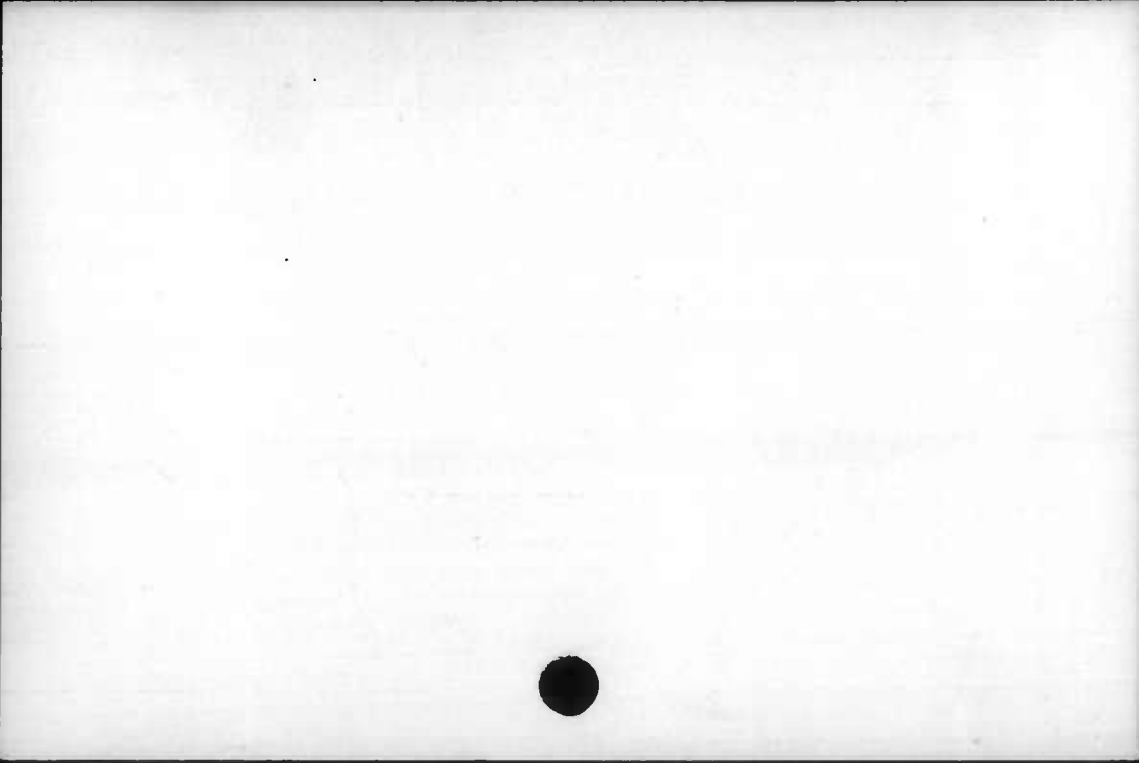
Died at		Town Dam No 4		County Washington		MARYLAND	
Date of death		1909	Month Dec	Day 22	Age —	Years —	Months 5
Sex Female		Color or Race white		Birth-place Md.		Days 22	
Occupation Baby				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Alva H. Davis				Father's Birthplace Md.			
Mother's Maiden Name Milcah Grimes				Mother's Birthplace Md.			
Name of person giving information Alva H. Davis				How related to deceased Father			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Marasmus	How long	5 mos.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		B. M. Reichard	
Address		Fair Play.	
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs Louise Dammel*

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date of death 1909 *12* Month *11* Day *63* Age *63* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Horsework* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Matthias Dammel*

Father's Name *Andrew Houser* Father's Birthplace *Germany*

Mother's Maiden Name *Eatharyn Paulus* Mother's Birthplace *Germany*

Name of person giving Information *Mrs Edw Liggins* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Uterine Cancer* How long *42* years

Immediate *Exhaustion* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. H. Hager* Address *Hagerstown Md*

Accident or Suicide *No*

Coventry

L. M. Watkins

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Boonsboro</i>		Town		<i>Washington</i>		County	
Date of death <i>1909</i>		Month <i>Dec</i>		Day <i>30</i>		Age <i>47</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Months <i>2</i> Days <i>18</i>	
Occupation <i>Laborer</i>				Where Residing If not at place of death <i>_____</i>			
Married, Single or Widowed <i>single</i>				Name of Wife or Husband <i>_____</i>			
Father's Name <i>Daniel Dutrow</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Elizabeth Doll</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Mrs Jacob Hutzler</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		<i>93</i>	
Immediate <i>Double Lobar Pneumonia</i>		How long <i>7 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. T. Smith</i>	
		Address <i>Boonsboro, Md.</i>	
Accident or Suicide?			

Brinley T. Best  
undertakers

---

Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Geo. W. Earnshaw*  
Town *Hagerstown* County *Wash*

Died at *Hagerstown*  
Date of death 1909 *12* *21* Age *55* Months *8* Days *17*

Sex *male* Color or Race *white* Birth-place *Ind.*

Occupation *Cigar Manufacturer* Where Residing if not place of death *Ind.*

Married, Single or Widowed *married* Name of Wife or Husband *Jennie Earnshaw*

Father's Name *James N. Earnshaw* Father's Birthplace *Ind.*

Mother's Maiden Name *Mary Isabella Keller* Mother's Birthplace *"*

Name of person giving Information *Bettie Earnshaw* How related to deceased *sister*

**146**

CAUSES OF DEATH

Primary Cause of Death *upper third of fibula and tibia  
chronic osteomyelitis with  
hemorrhage & exhaustion*

Immediate Cause of Death *Cardiac Failure* How long *Many years*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Madigan* Address *Hagerstown Ind*

Accident or Suicide *No*

PHYSICIAN  
OR CORONER

L.M. Suter & Son .

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Charles E Ebbert*  
 Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup> *MARYLAND*  
 Date of death 190*9* <sup>Month</sup> *12* <sup>Day</sup> *19* <sup>Age</sup> *1* <sup>Years</sup> *2* <sup>Months</sup> *4* <sup>Days</sup>  
 Sex *Male* Color or Race *White* Birth-place *Md*  
 Occupation *Child* Where Residing if not at place of death *C*  
 Married, Single or Widowed *Single* Name of Wife or Husband *—*  
 Father's Name *Frank B Ebbert* Father's Birthplace *Md*  
 Mother's Maiden Name *Annie Wolf* Mother's Birthplace *Md*  
 Name of person giving Information *Frank Ebbert* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Pneumonia* <sup>How long</sup> *36 hours*  
 Immediate *Heart Trouble* <sup>How long</sup> *12 hours*  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *S W Unstot*  
 Address *Hagerstown Md*  
 Accident or Suicide *—*

PHYSICIAN  
OR CORNER

Lippincott  
Rose Hill

Mr. Lippincott



Name  
in  
Full

Etta L. Esterly

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Sharpsburg <sup>County</sup> Washington

MARYLAND

Date of death 1909 <sup>Month</sup> Dec <sup>Day</sup> 27 Age <sup>Years</sup>        <sup>Months</sup>        <sup>Days</sup> 5

Sex Female Color or Race White Birth-place Sharpsburg

Occupation none Where Residing if not at place of death       Married, Single or Widowed Single Name of Wife or Husband       

Father's Name Harry R. Esterly

Father's Birthplace Hagerstown

Mother's Maiden Name Mina Wilson

Mother's Birthplace Antietam, Md

Name of person giving information Mrs. Wm Wilson

How related to deceased Grandmother

## CAUSES OF DEATH

Primary Premature Birth

How long 15-17 days

Immediate       How long       Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. W. Gordon

Address

Sharpsburg, Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Chas. S. Wade  
undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Susan Flory* Town *Bellevue* County *Washington* MARYLAND

Died at *Bellevue* Month *Dec.* Day *24* Age *78* Years *1* Months *5* Days

Date of death *1909 Dec. 24*

Sex *Female* Color or Race *White* Birth-place *Smithsburg Md*

Occupation *None* Where Residing if not at place of death *Smithsburg Md*

☒ Married, Single *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *John Flory* Father's Birthplace *Smithsburg Md*

Mother's Maiden Name *Catherine Kifer* Mother's Birthplace *Not known*

Name of person giving Information *Barney Flory* How related to deceased *Brother*

## CAUSES OF DEATH

Primary *Chronic Gastritis*Immediate *Exhaustion*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*104* ✓

How long *5-yr*

How long *2 wks*

*Dr W. W. W. W.*

*Staguerhorn*

PHYSICIAN  
OR CORONER

Accident or Suicide

S. K. Lowman  
Under taker

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Still Born Child of Arthur R. Freed

Died at *W.F. Etna* Town *Washington* County

MARYLAND

Date of death 1909 Month 12 Day 15 Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex *male* Color or Race *White* Birth-place *Md*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Arthur R. Freed* Father's Birthplace *Md*Mother's Maiden Name *Jessie F. Bendisill* Mother's Birthplace *Md*Name of person giving Information *Arthur R. Freed* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Still Born*

How long \_\_\_\_\_

Immediate \_\_\_\_\_

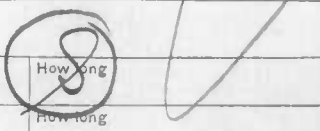

How long \_\_\_\_\_

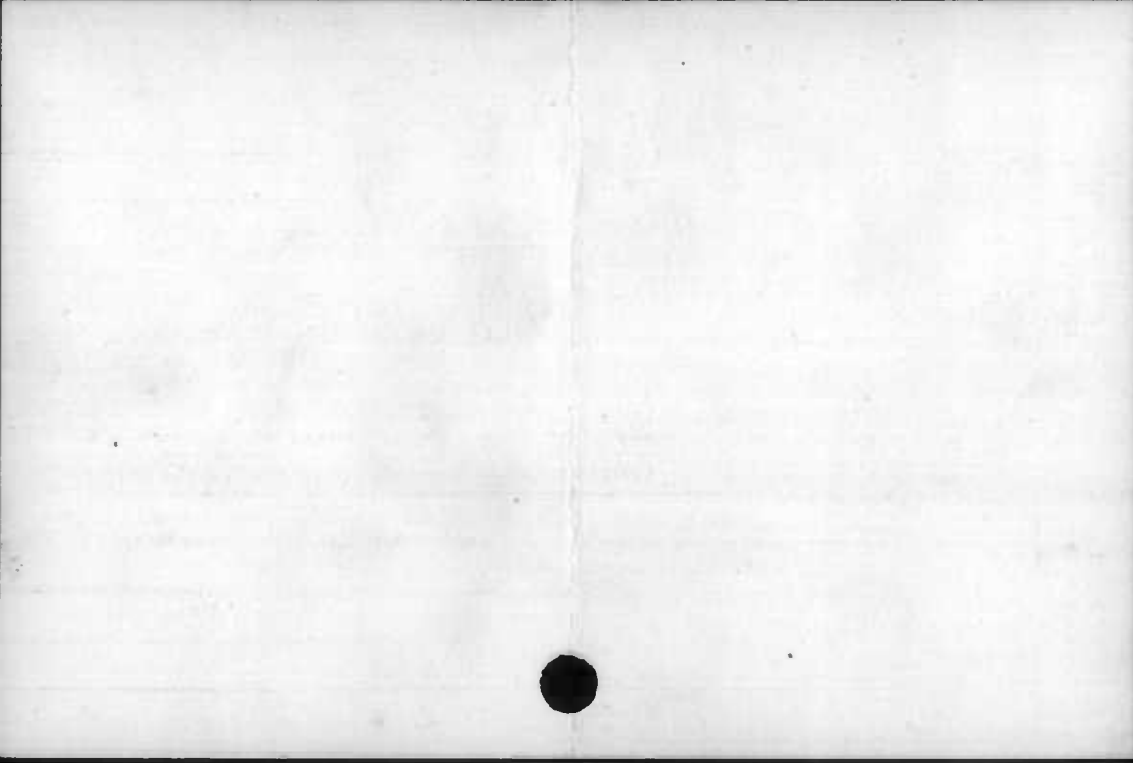
Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *S. W. Hagerstam*  
Address *Hagerstam Md*

Accident or Suicide \_\_\_\_\_

PHYSICIAN  
OR CORONER

Johny's Sh  
L. M. Watkins  
Watkins

Name in Full		Frank				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chesville		Washington		MARYLAND	
	Date of death	1909	Dec.	7	Age	Still Born	
	Sex	Male		Color or Race	White		Birth-place
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Elvin Winters Frank			Father's Birthplace	
	Mother's Maiden Name		Bessie Lee Hinkle			Mother's Birthplace	
PHYSICIAN OR CORONER	Name of person giving information		Father -			How related to deceased	
	CAUSES OF DEATH						
	Primary	Still Birth -					
	Immediate						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Wm. A. Quinn M.D.			
		Address					
Accident or Suicide?							





Name  
in Full

Infant son of R Funkhouser

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

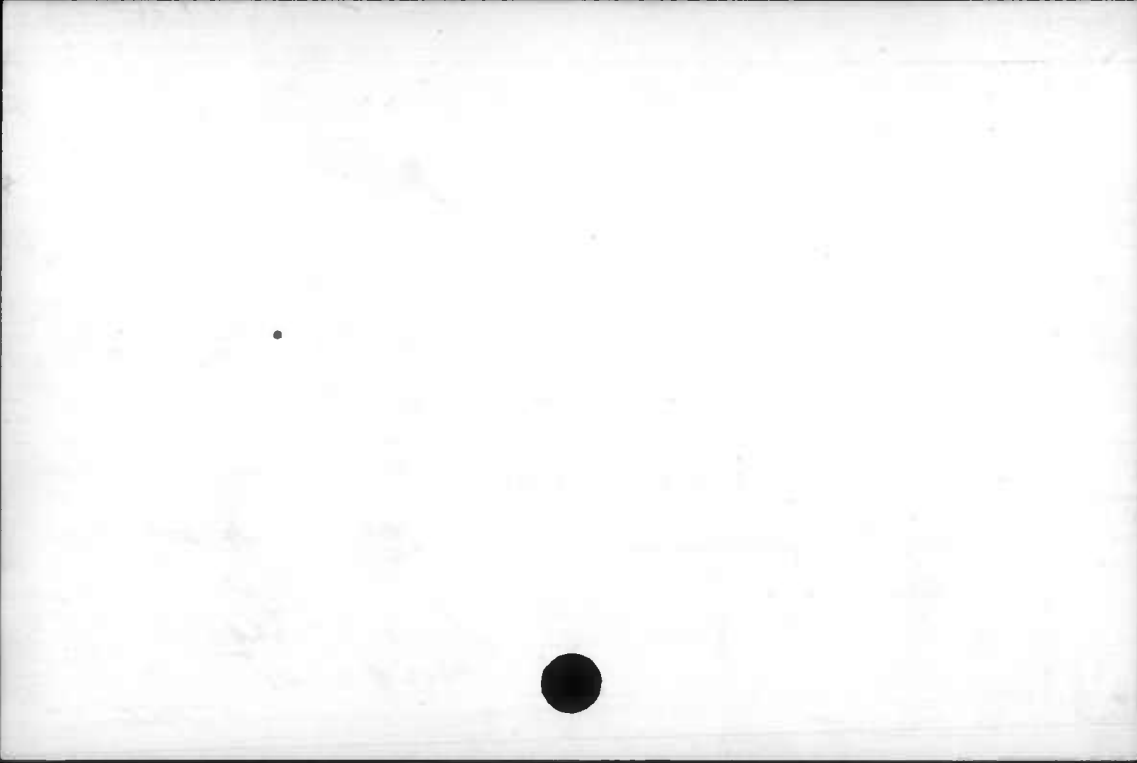
Died at <sup>Town</sup> Indian Spring <sup>County</sup> Wash		MARYLAND	
Date of death 1909	<sup>Month</sup> Dec	<sup>Day</sup> 12	<sup>Age</sup> — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 10 days
Sex male	Color or Race White	Birth-place Indian Spring	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name Richard Funkhouser		Father's Birthplace Indian Spring	
Mother's Maiden Name Miss Gearheart		Mother's Birthplace " "	
Name of person giving Information Mr Funkhouser		How related to deceased Father.	

CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary	Asthma	How long	few days
Immediate	Bronchial Catarrh	How long	few days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. J. Mason	
		Address Clearspring Md	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Edward L Giff* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* *Washington*

Date of death 190*9* Month *12* Day *24* Age *—* Years *10* Months *2* Days

Sex *Male* Color or Race *White* Birth-place *md*

Occupation *Child* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Benjamin Giff* Father's Birthplace *Pa*

Mother's Maiden Name *Carrie Baker* Mother's Birthplace *md*

Name of person giving Information *Benjamin Giff* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *4 weeks*

Immediate *Meningitis* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *S W Urstok MD*

Address *Hagerstown md*

Accident or Suicide *✓*

To master A.K. Coffman  
Rox Hill

A.K. Coffman

Name  
in  
Full

Catharin Naomi Gish

CERTIFICATE OF DEATH

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

of death

1909

Month

12

Day

7

Age

Years

—

Months

5

Days

20

Sex

Female

Color or  
Race

White

Birth-  
place

MD

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Nama of Wife or  
Husband

Father's  
Name

Noah B Gish

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Virginia A Stuller

Mother's  
Birthplace

don't know

Name of person giving  
Information

Noah B Gish

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

3 days

Immediate

Convulsions

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Clara S. Eirley  
Hagerstown Md.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

2

~~Accident or Suicide~~

L. M. Watkins

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jackson Gleason*  
Town *Washington* County *Maryland*

Died at *Washington* *Maryland*

Date of death 1909 *Dec* Month *9* Day Age *—* Years Months *—* Days *4*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *W. A. Gleason* Father's Birthplace *Penna.*

Mother's Maiden Name *Jennie King* Mother's Birthplace *Penna.*

Name of person giving Information *Father* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

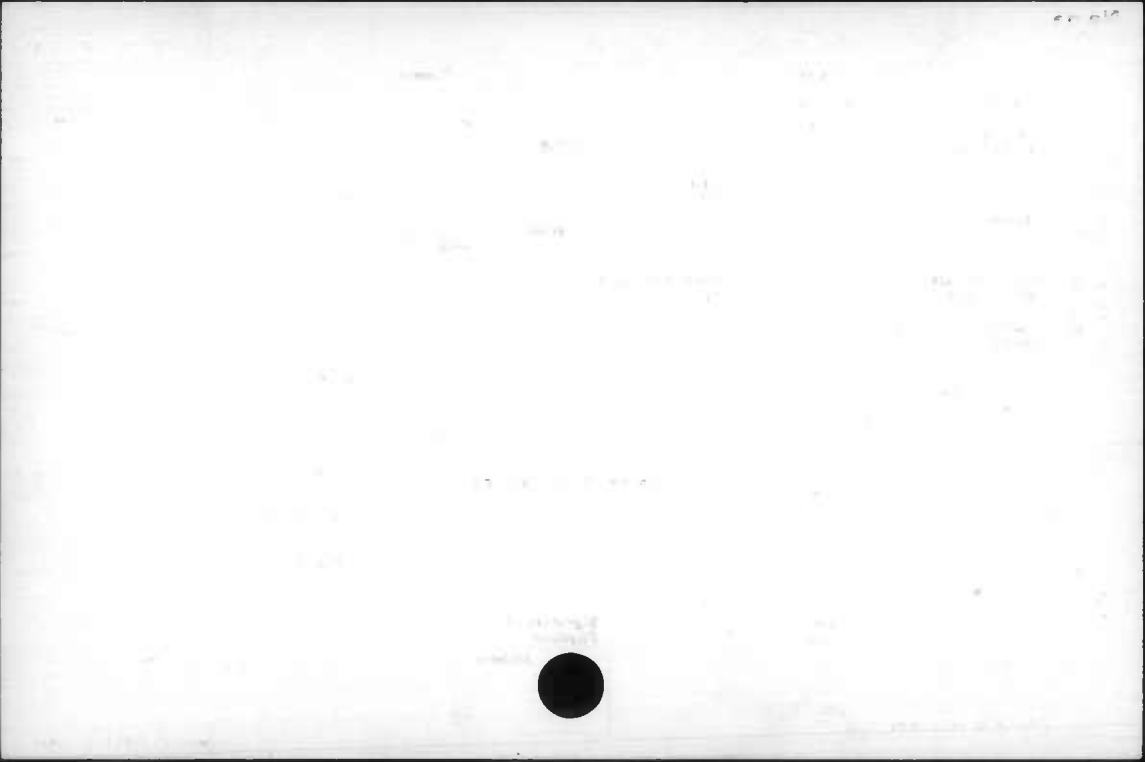
Primary *Bile Palsy* How long *6 days*

Immediate *Acute Lateral Sclerosis* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. C. Miller M.D.* Address *11000 L. & W. 4th St. Pa.*

Accident or Suicide *No*





Name  
in  
Full

Nina Griffith

## CERTIFICATE OF DEATH

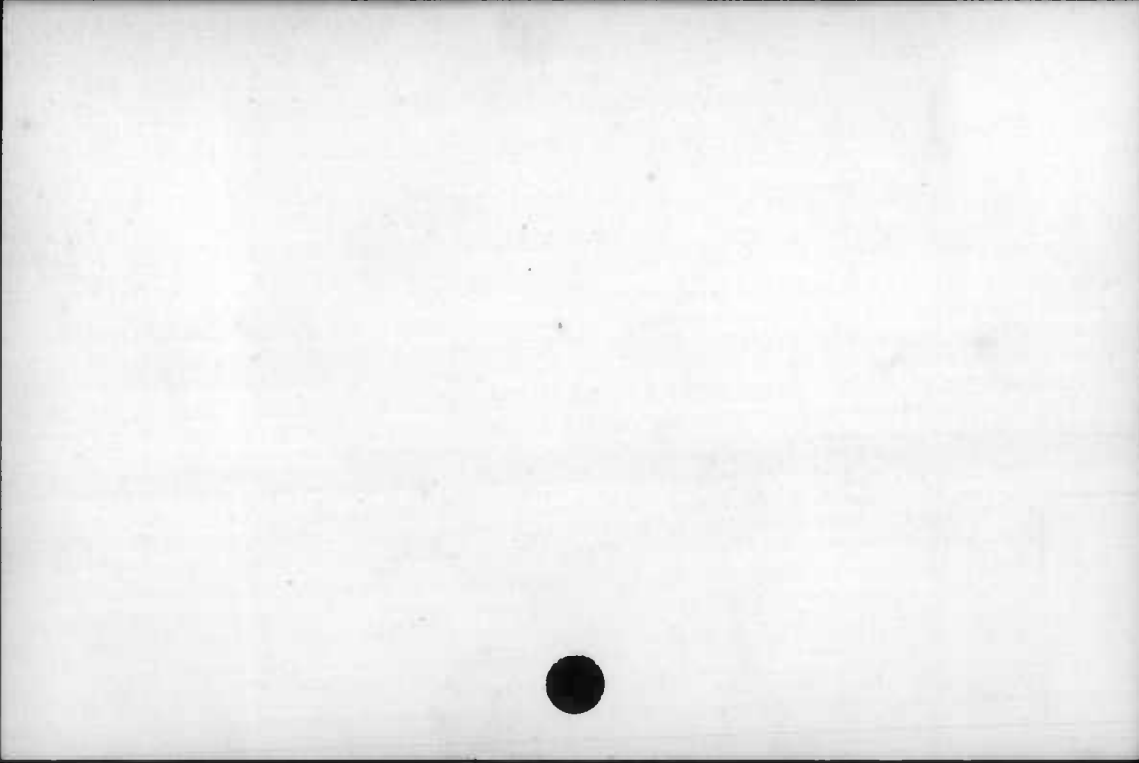
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Needysville</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Dec</i>	Day <i>7th</i>	Age Years —	Months —
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Needysville</i>		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed —			Name of Wife or Husband —		
Father's Name <i>Grisby Griffith</i>			Father's Birthplace <i>Mt Brain Md.</i>		
Mother's Maiden Name <i>Nina Griffith</i>			Mother's Birthplace <i>Mt Brain Md.</i>		
Name of person giving information <i>Grisby Griffith</i>			How related to deceased <i>✓</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born child</i>	How long —
Immediate	—	How long —
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Richard H. Rice M.D.</i>
		Address <i>Needysville Md</i>
Accident or Suicide? <i>✓</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Wm H. H. Hoover  
 Town Washington County MARYLAND  
 Died at Hagerstown  
 Date of death 1909 12 12 Age 68 9 20  
 Sex Male Color or Race White Birth-place Md  
 Occupation Laborer Where Residing if not at place of death  
 Married, Single or Widowed Married Name of Wife or Husband Helen Brigham  
 Father's Name Samuel Hoover Father's Birthplace Va  
 Mother's Maiden Name Catharine Spessard Mother's Birthplace Md  
 Name of person giving Information Helen Hoover How related to deceased Daughter

## CAUSES OF DEATH

Primary Brights Disease How long 120 2 yrs  
 Immediate Warmie Poisoning How long 1 wk  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician A. D. Stauffer  
 Address Hagerstown, Md  
 Accident or Suicide No

PHYSICIAN  
OR CORONER

Ron Hill.

L. M. Watkins

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Wm* *Marion Haumer*  
Town *Hagerstown* County *Washington* MARYLAND  
Died at *Hagerstown*  
Date of death 1909 / 12 / 2 Age 51 5 27  
Sex *Male* Color or Race *White* Birthplace *Md*  
Occupation *Salmon Keeper* Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed *Married* Name of Wife or Husband *Agnes D. Haumer*  
Father's Name *Elias Haumer* Father's Birthplace *Md*  
Mother's Maiden Name *Reachel Leers* Mother's Birthplace *Md*  
Name of person giving Information *Arvine Haumer* How related to deceased *Son*

## CAUSES OF DEATH

156

Primary *Gas Asphyxiation*How long *1 hr*Immediate *Asphyxiation*How long *1 hr*Are the name, age, sex, color, date and place correctly given above *yes*

Signature of Physician

Address

*J. E. Pitaurogle, M.D.*  
*Hagerstown*  
*Md**6*  
~~Accident or~~ Suicide

J. M. Watkins

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jacob Holtzman*

Town *Mt Carmel* County *Marbleton*

Died at *Mt Carmel*

Date of death *1909 Dec 18* Age *82* Months *9* Days *9*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Laborer* Where Residing if not at place of death *Mt. Carmel*

Married, Single or Widowed *Widower* Name of Wife or Husband *~~Anna~~ Emma Crager*

Father's Name *Jacob Holtzman* Father's Birthplace *Maryland*

Mother's Maiden Name *Not Known* Mother's Birthplace *Not Known*

Name of person giving information *Mrs. John Lewis* How related to deceased *None*

CAUSES OF DEATH

*154*  
How long

PHYSICIAN  
OR CORONER

Primary *old age*  
*Heart Failure*

How long *Immediate*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*S. S. Davis*  
*Brownboro.*

Accident or Suicide?

*No.*

Brinnig & Bass  
Uudenlaksu



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John P. Haupt*  
Town *Boonsboro* County *Washington* MARYLAND  
Died at  
Date of death *1909 Dec 18<sup>th</sup>* Age *79* Months *11* Days *13*  
Sex *Male* Color or Race *White* Birth-place *Maryland*  
Occupation *Retired Farmer* Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed *Widower* Name of Wife or Husband *Rachel Haupt*  
Father's Name *Jacob Haupt* Father's Birthplace *Frederick*  
Mother's Maiden Name *Elizabeth Keller* Mother's Birthplace *Frederick*  
Name of person giving Information *Susan Haupt* How related to deceased *Sister-in-law*

## CAUSES OF DEATH

157

Primary *Suicide, Hanging* How long \_\_\_\_\_  
Immediate *Strangulation* How long \_\_\_\_\_  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. E. Wheeler M. D.*  
Address *Boonsboro Washington Co.*  
Accident or Suicide ☒ Suicide

PHYSICIAN  
OR CORONER

Bruning & Bast

undertakers

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDFreeman J. Isaanogle  
Town County

MARYLAND

Died at Hagerstown Wash.

Date of death 1909 12 23 Age 34 Months 6 Days 3

Sex male Color or Race white Birth-place Md.

Occupation Barber Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name William L. Isaanogle Father's Birthplace Md.

Mother's Maiden Name Mary Ann Moser Mother's Birthplace Md.

Name of person giving Information John W. Isaanogle How related to deceased brother.

## CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 27 years

Immediate Cardiac Failure How long 6 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. M. Wagaman

Address Hagerstown, Md

Accident or Suicide No

PHYSICIAN  
OR CORONER

L.M. Senter & Son

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death 1909 <sup>Month</sup> *12* <sup>Day</sup> *22* Age <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *male* Color or Race *white* Birth-place *Ind.*  
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Luther Kendle* Father's Birthplace *Ind*

Mother's Maiden Name *Maud Miller* Mother's Birthplace *Va*

Name of person giving Information *Luther Kendle* How related to deceased *father*

CAUSES OF DEATH

Primary *Still Born*

*8*  
How long

Immediate *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Compton Miller*  
Address *Hagerstown Ind*

Accident or Suicide *—*

PHYSICIAN  
OR CORONER

E.M. Suter & Son

Name  
in  
Full

William H Knadler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Keadysville</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	12	Day	10
Age	52	Years	3	Months	16
Sex	Male	Color or Race	White	Birth-place	Keadysville
Occupation	Cooper		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Mahlon Knadler		Father's Birthplace	Washington Co	
Mother's Maiden Name	Ann Carr		Mother's Birthplace	Keadysville	
Name of person giving Information	G. Baker Knadler		How related to deceased	Brother	

## CAUSES OF DEATH

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>4 years</i>
Immediate	<i>Heart Complication</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	
	<i>Richard H. Rice MD</i>	<i>Keadysville Md.</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER

L E Suman & Son



Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

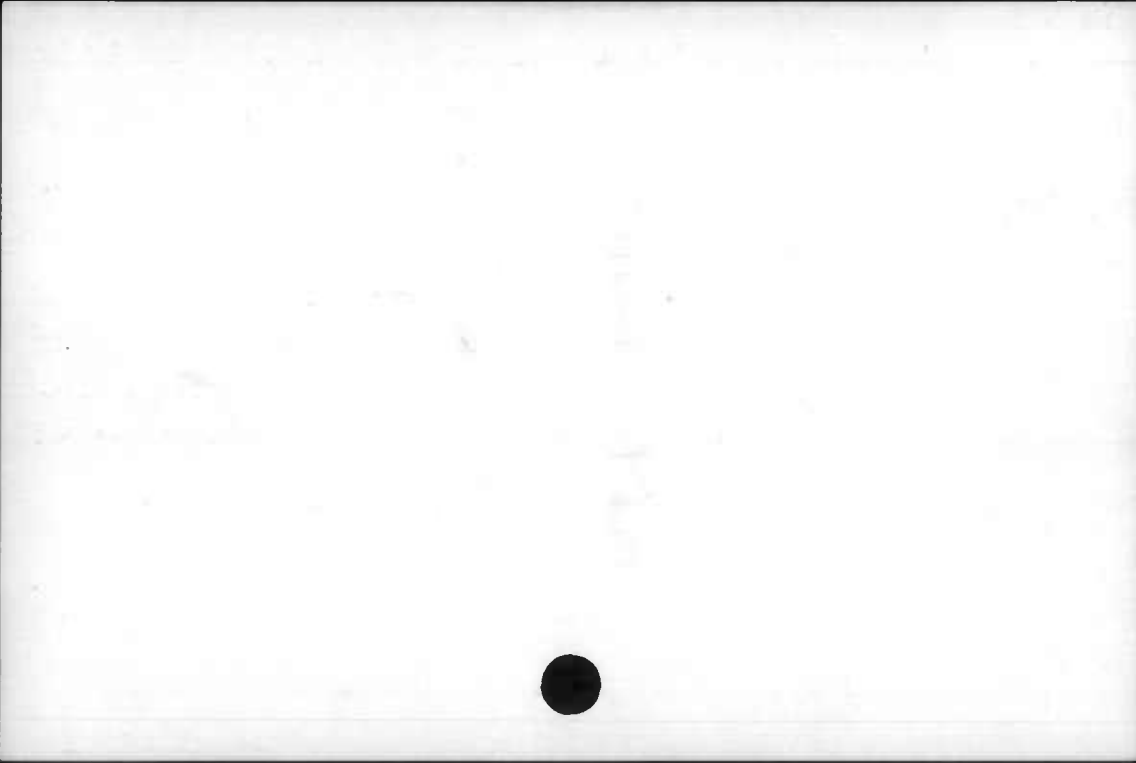
Died at <i>Essexburg</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	12	Day	2
Age	84	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Waynesboro. Pa.
Occupation	None.	Where Residing if not at place of death		<i>Essexburg. Md.</i>	
Married, Single or Widowed	Widowed	Name of Wife or Husband		None.	
Father's Name	<i>Geo. Law</i>		Father's Birthplace	Unknown	
Mother's Maiden Name	<i>Ester Hartman</i>		Mother's Birthplace	Unknown.	
Name of person giving Information	<i>Edith Law</i>		How related to deceased	<i>Daughter.</i>	

## CAUSES OF DEATH

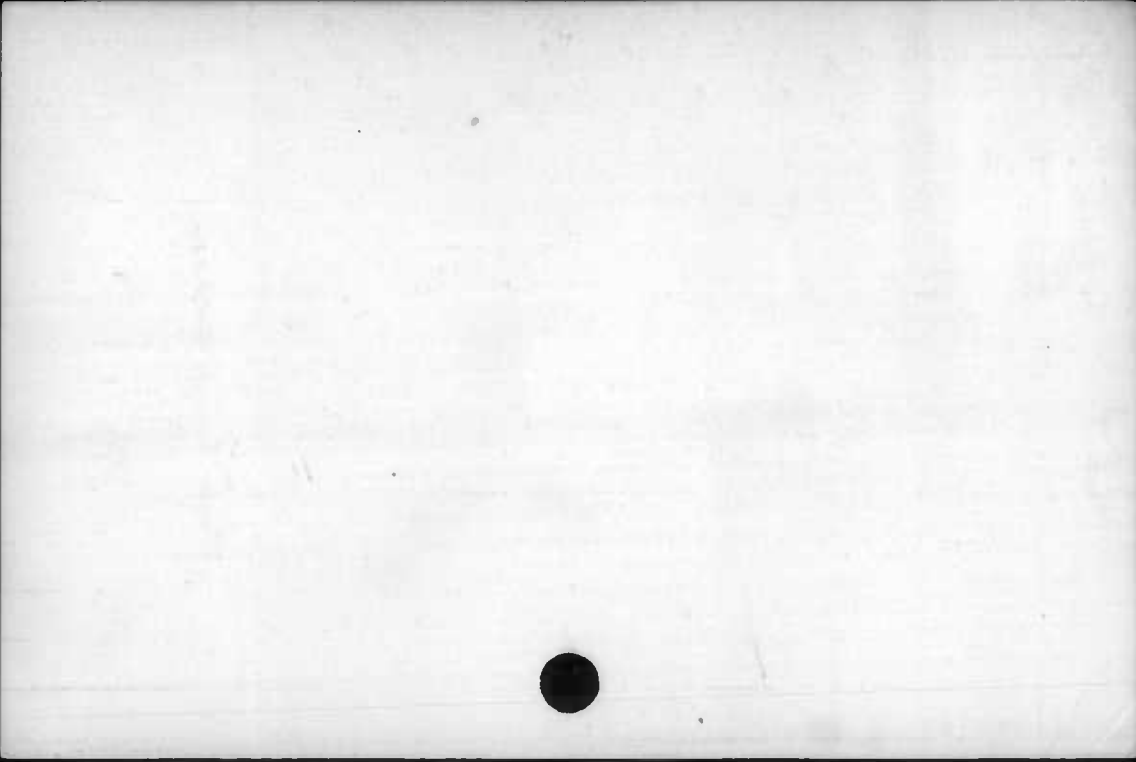
154

PHYSICIAN  
OR CORONER

Primary	<i>Smile Bibility</i>	How long	<i>Several years</i>
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Joseph Prozman M.D.</i>
		Address	<i>Smithsburg Md.</i>
Accident or Suicide			



Name in Full		Thomas E. Leishman				<input checked="" type="checkbox"/> CERTIFICATE OF DEATH Pa <del>MARYLAND</del>	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Franklin</u> Town		County <u>Beaver</u>			
		Date of death <u>1909</u> <u>Dec</u> Month		Day <u>30</u> Age <u>42</u> Years		Months Days	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
		Occupation <u>Teamster</u>		Where Residing if not at place of death <u>                    </u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>                    </u>			
		Father's Name <u>Edlick Leishman</u>				Father's Birthplace <u>Ind.</u>	
		Mother's Maiden Name <u>(Unknown) Warfield</u>				Mother's Birthplace <u>Ind.</u>	
		Name of person giving information <u>B. W. Bowman</u>				How related to deceased <u>none</u>	
		CAUSES OF DEATH				<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">166</div>	
PHYSICIAN OR CORONER		Primary <u>Struck by Street Car</u>					
		Immediate <u>Crushed to death</u>					
		Are the name, age, sex, color, date and place correctly given above?					
		Signature of Physician <u>Doct of State</u>					
		Address <u>                    </u>				Certificate issued for <u>Local Undertaker's permit</u>	
		Accident or Suicide? <u>Accident</u>					



Name  
in  
Full

Shee Born <sup>Lites</sup> <sup>Chisel</sup>  
 Town County

CERTIFICATE OF DEATH

Died at

Hagastown

Washington

MARYLAND

Date

of death

190 of Dec 1

Day

6

Age

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

595 N. Wash  
Ch.

Occupation

none

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Chas A. Lites

Father's  
Birthplace

Kemp Mill Md

Mother's  
Maiden Name

Fannie Cottrell

Mother's  
Birthplace

Williamport Md

Name of person giving  
Information

Chas Lites

How related  
to deceased

father

CAUSES OF DEATH

Primary

Unknown

How long

Immediate

Unknown

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

A. P. Stauffer  
Hagastown  
Md

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIEND

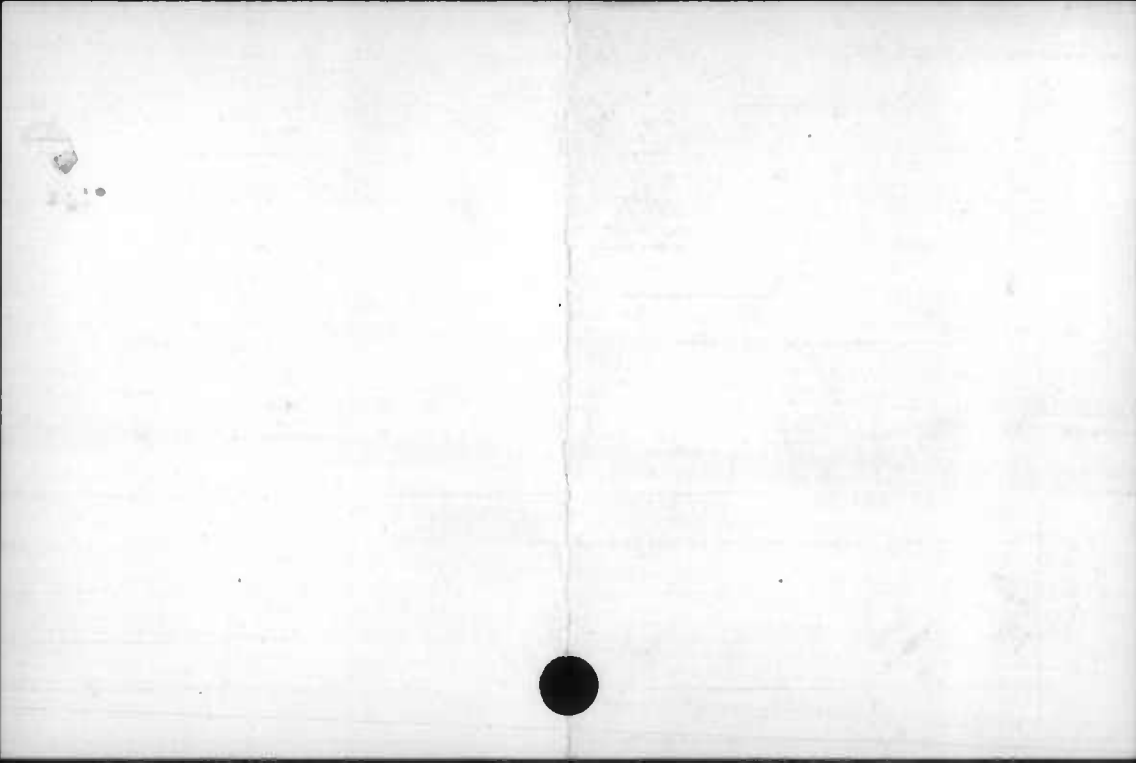
PHYSICIAN  
OR CORONER

Chas. A. Silés.

Name in Full <b>John Lum</b>		CERTIFICATE OF DEATH	
Died at <b>Pondsville</b> Town <b>MD</b>		<b>Maria</b> County	
Date of death <b>1909</b> Month <b>Dec.</b> Day <b>13</b>		Age <b>89</b> Years Months Days	
Sex <b>Male</b> Color or Race <b>White</b>		Birth-place <b>Smithsburg Md</b>	
Occupation <b>Laborer</b>		Where Residing if not at place of death <b>Pondsville Md</b>	
Married, Single or Widowed <b>Married</b> Name of Wife or Husband <b>John Lum</b>			
Father's Name <b>Jacob Lum</b>		Father's Birthplace <b>near Smithsburg</b>	
Mother's Maiden Name <b>Not Known</b>		Mother's Birthplace <b>Not Known</b>	
Name of person giving Information <b>Mrs Mary Bowser</b>		How related to deceased <b>none</b>	
CAUSES OF DEATH			
Primary <b>Chronic Nephritis</b>		How long <b>120</b> Years	
Immediate <b>Heart Failure</b>		How long <b>4 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Wm. D. Quinn, MD</b>	
		Address <b>Chesville Wash Co. Md</b>	
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Charles D. Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington <sup>State</sup> MARYLAND  
Date of death 1909 <sup>Month</sup> 12 <sup>Day</sup> 27 <sup>Age</sup> 1 <sup>Years</sup> 7 <sup>Months</sup> <sup>Days</sup> —  
Sex male Color or Race white Birth-place Md.  
Occupation — Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —  
Father's Name Daniel Martin Father's Birthplace Md  
Mother's Maiden Name Ida Reed Mother's Birthplace "  
Name of person giving Information Daniel Martin How related to deceased father

CAUSES OF DEATH

Primary Meningitis How long 5 days  
Immediate Exhaustion How long 4 hours  
Are the name, age, sex, color, date and place correctly given above? yes  
Accident or Suicide no

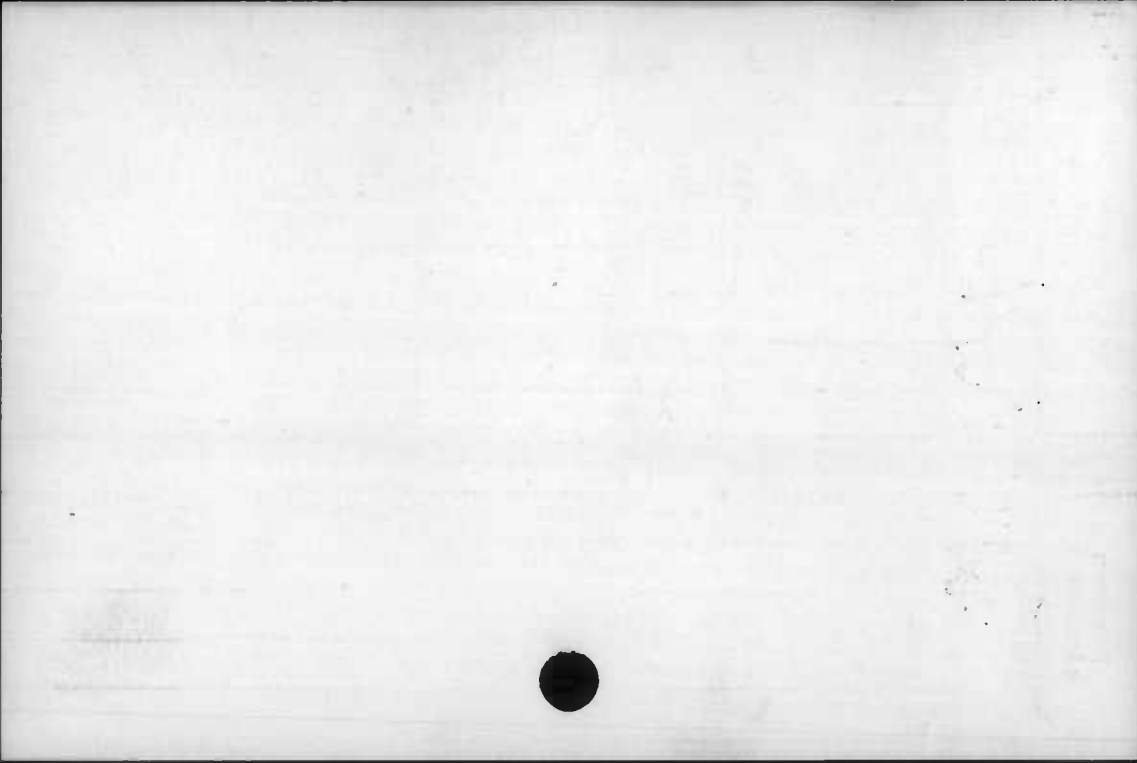
Signature of Physician

Address

A. P. Stauffer  
Hagerstown  
Md.

L.M. Suter & Son

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>John Martin</i> <i>Belle Grove</i> Town		County <i>Washington</i>	
		Date of death <i>1909</i> Month <i>Dec</i> Day <i>24</i>		Age <i>not known</i> Years Months Days	
		Sex <i>male</i>		Color or Race <i>White</i>	
		Occupation <i>Laboer</i>		Birth-place <i>unknown</i>	
		Married, Single or Widowed <i>Married</i>		Where Residing if not at place of death <i>died at home</i>	
		Name of Wife or Husband <i>Sarah Martin</i>			
		Father's Name <i>known</i>		Father's Birthplace <i>unknown</i>	
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Chas. M. Creek</i>		How related to deceased <i>None</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Old age</i>		How long <i>154</i>	
		Immediate <i>No doctor</i>		How long <i>cant say</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>as near as possible</i>		Signature of Physician <i>unknown</i>	
				Address <i>Joseph Harrison</i>	
		Accident or Suicide? <i>---</i>		<i>Arch Registrar</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDJonathan Middlekauff  
Town Hagerstown County Wash

MARYLAND

Date

of death

1909

Month

12

Day

19

Age

Years

89

Months

9

Days

16

Sex

male

Color or  
Race

white

Birth-  
place

md.

Occupation

Retired Farmer

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

widower

Name of Wife  
Husband

Ann Marie Schuidel

Father's  
Name

Daniel Middlekauff

Father's  
Birthplace

md.

Mother's  
Maidan Name

Marie Laylor

Mother's  
Birthplace

md.

Name of person giving  
Information

Mary Hester

How related  
to deceased

granddaughter

## CAUSES OF DEATH

106

How long

Primary

Infermities of age.

Immadiata

Diarrhea

How long

2 day

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

A. S. Mason

Address

Hagerstown Md

Accident or Suicida

PHYSICIAN  
OR CORNER

e

L. M. Suter & Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William H. Miller</i>		Town <i>Yanonsburg</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Yanonsburg</i>		Month <i>12</i>		Day <i>23</i>		Age <i>73</i>	
Date of death <i>1909</i>		Month <i>12</i>		Day <i>23</i>		Age <i>73</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>W. Va</i>		Months <i>2</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death				Days <i>20</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Louisa Miller</i>					
Father's Name <i>Jacob A. Miller</i>		Father's Birthplace <i>W. Va</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Louisa Miller</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

20

Primary	<i>Senile Dig ulcers</i>	How long	<i>2 years</i>
Immediate	<i>Pneumia</i>	How long	<i>4 Weeks</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. T. Younte</i>	
		Address <i>Brownsville Maryland</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER

E. A. Brown

List 8.



Name  
in  
Full

*George W. Brown Morrison*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec</i>	Day <i>2</i>	Age <i>72</i>	Months <i>7</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Washington D.C.</i>		
Occupation <i>clerk</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary V. McCusker</i>				
Father's Name <i>J. M. S. Morrison</i>	Father's Birthplace <i>Va.</i>		Mother's Birthplace <i>Va.</i>		
Mother's Maiden Name <i>Virginia Baker</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>M. Morrison</i>					

CAUSES OF DEATH

*112*

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>10 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Morrison</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>No.</i>	

L.M. Suter Mfg Son

Name  
in  
Full

Charles G. Myers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Near Died at		Town Hancock		County Washington		MARYLAND	
Date of death		Month 9	Day 21	Age 51	Months 10	Days 26	
Sex Male		Color or Race White		Birth- place Maryland			
Occupation Boatsman				Where Residing if not at place of death Died at Home			
Married, Single or Widowed		Married		Name of Wife or Husband Kate Myers			
Father's Name Columbus C. Myers				Father's Birthplace Mont Co Md			
Mother's Maiden Name Mollie (Last Card not known)				Mother's Birthplace Leesburg Va.			
Name of person giving Information Kate Myers				How related to deceased Wife			

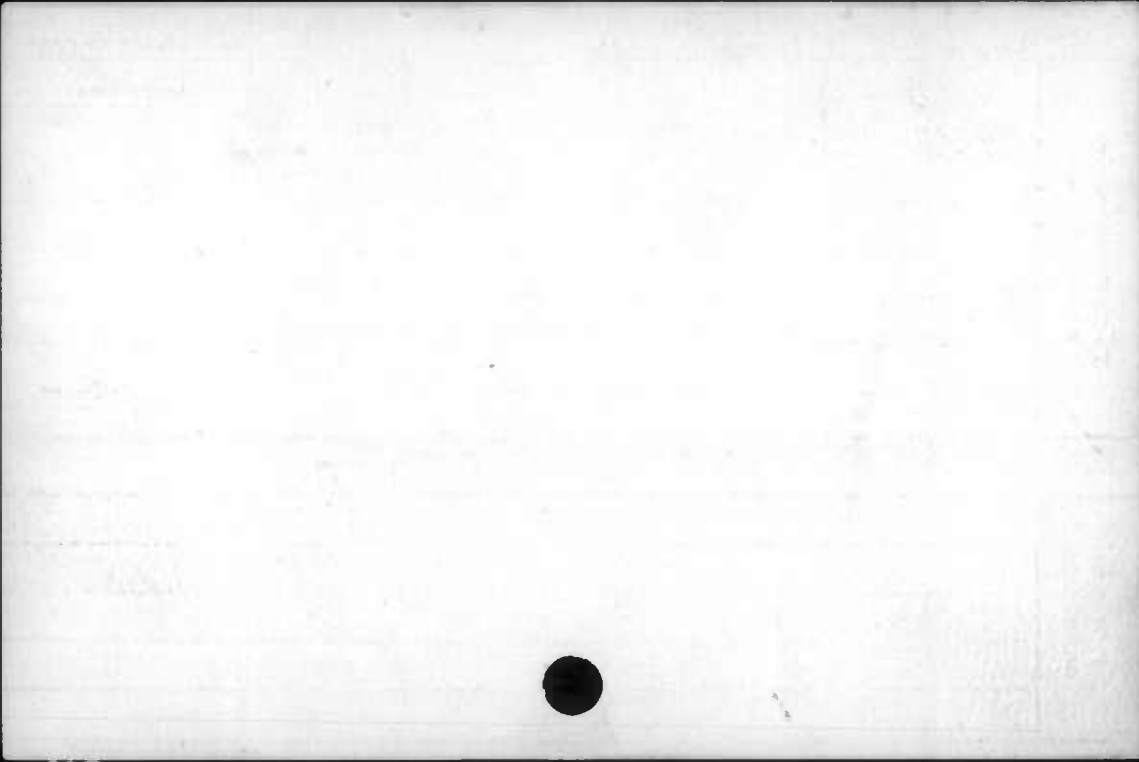
Dr. H. H. H.

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Cancer of Stomach	How long	1 Year
Immediate	Exhaustion	How long	1 mo
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. W. H.	
Address		Hancock	
Accident or Suicide?		No	



Name  
in  
Full

*Lily Dale Myers*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Shankstown* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death *1909* <sup>Month</sup> *Dec* <sup>Day</sup> *18* Age *19* <sup>Years</sup> *3* <sup>Months</sup> *26* <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Shankstown*

Occupation *At home* Where Residing if not at place of death \_\_\_\_\_

~~Married, Single or Widowed~~ Name of Wife or Husband \_\_\_\_\_

Father's Name *Jos. H. Myers* Father's Birthplace *Big Pool*

Mother's Maiden Name *Mary C. Repp* Mother's Birthplace *" "*

Name of person giving Information *Jos. H. Myers* How related to deceased *Father*

CAUSES OF DEATH

**(27)**

PHYSICIAN  
OR CORONER

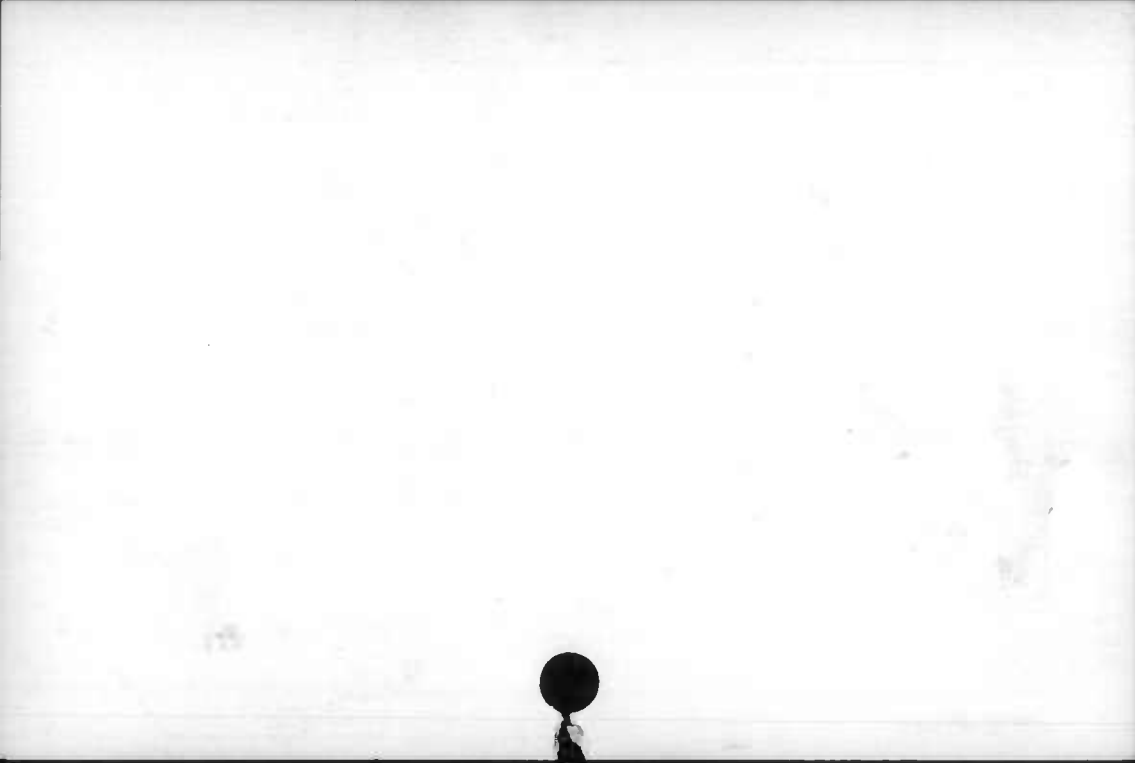
Primary *Pulmonary Tuberculosis* How long *Two years*

Immediate *Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. P. Perry*

Address *Clearspring*

Accident or Suicide *Red*



Name  
in  
Full

## CERTIFICATE OF DEATH

Leri J Myers

Died at *Jacob's Church* *Washington* County

MARYLAND

Date of death 1909 12 28 Age 28

Sex *Male* Color or Race *White* Birth-place *Ind*Occupation *Child* Where Residing if not at place of death *C*Married, Single or Widowed *Single* Name of Wife or Husband *C*Father's Name *Jacob Myers*Father's Birthplace *Pa*Mother's Maiden Name *Annie Jacob's*Mother's Birthplace *Ind*Name of person giving Information *Jacob Myers*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Yashio-Enteritis*How long *2 days*Immediate *"*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*W Preston Miller*  
*Keyeston Ind*Accident or Suicide *No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

2 miles N. of Coffman's Log Cabin

A.K. Coffman



Name  
in  
Full

*Sophia Oswald.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

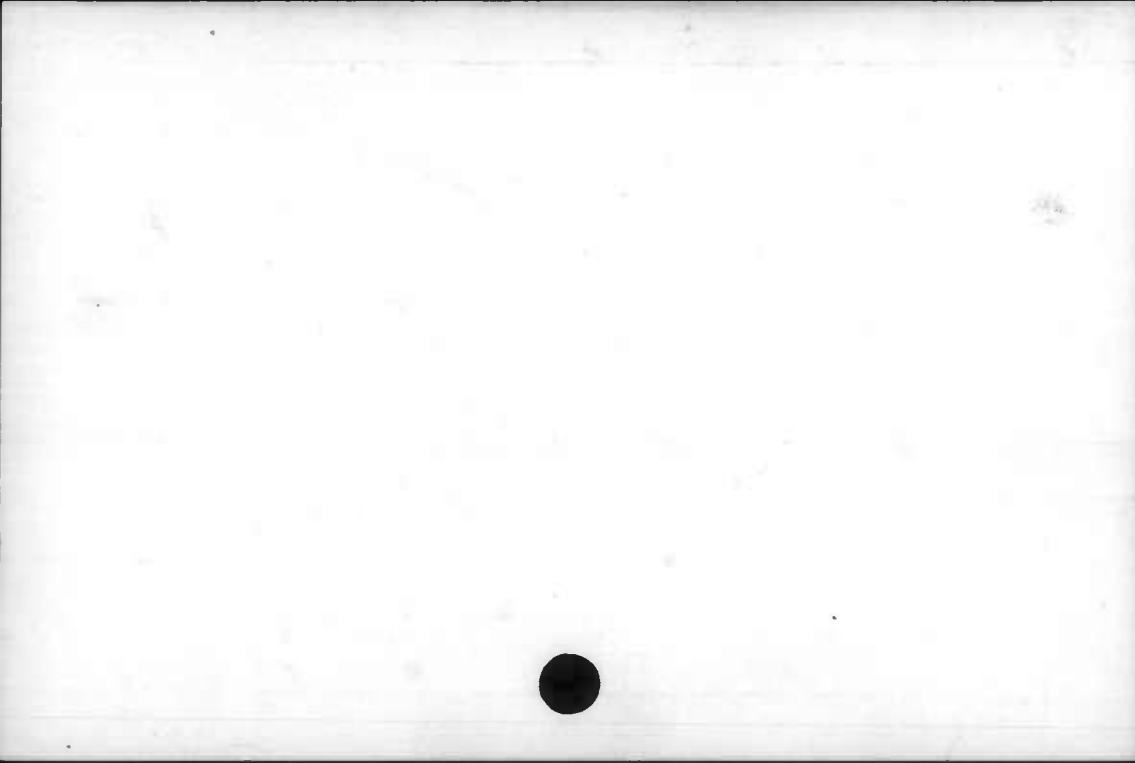
Died at <i>Near Smithsburg</i>		County <i>Washington</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
<i>1909</i>	<i>12</i>	<i>1</i>	<i>80</i>	<i>11</i>	<i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Leesburg</i>		
Occupation <i>None.</i>		Where Residing if not at place of death <i>Near Smithsburg</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Sophia Oswald.</i>				
Father's Name <i>John Bell.</i>	Father's Birthplace <i>Dont Know.</i>				
Mother's Melden Name <i>Dont Know.</i>	Mother's Birthplace <i>Dont Know.</i>				
Name of person giving Information <i>Lee Oswald.</i>		How related to deceased <i>Son.</i>			

CAUSES OF DEATH

**94**

PHYSICIAN  
OR CORONER

Primary <i>Acute Pleurisy</i>	How long <i>One day</i>
Immediate <i>Heart Failure</i>	How long <i>Instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. J. K. K. K.</i>
	Address <i>Smithsburg Md.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

*Joseph W Pearce*  
Town *Millstown* County *Wash.*

Died at *Millstown*

Date of death 1909 *Dec* *30* Age *62*

Sex *Male* Color or Race *White* Birth-place *Knoxville, Ind*

Occupation *Laborer* Where Residing if not at place of death *Millstown*

Married, Single or Widowed *Married* Name of Wife or Husband *Eveline Hull*

Father's Name *John Pierce* Father's Birthplace *Unknown*

Mother's Maiden Name *Ellen M. Gieswanner* Mother's Birthplace *Unknown*

Name of person giving Information How related to deceased

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

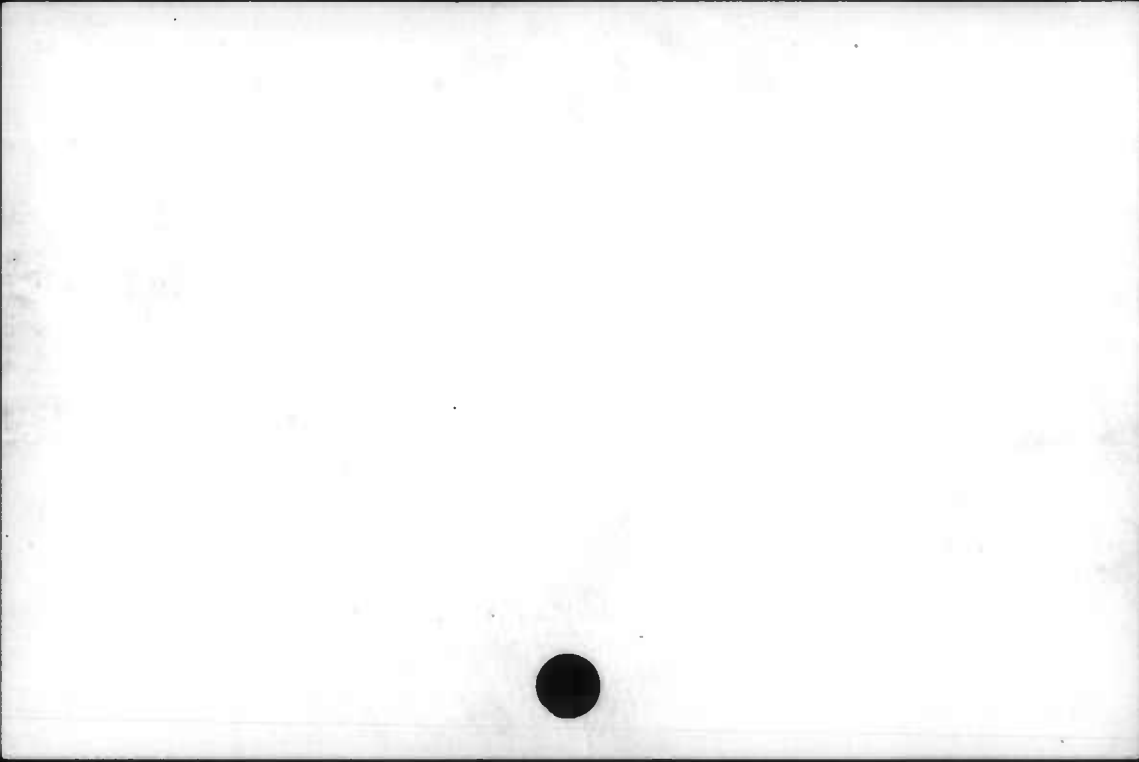
Primary *Pulmonary Tuberculosis* How long *7 Years*

Immediate *Inanition* How long *Indefinite*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. W. West.*

Address *Hancock, Md.*

Accident or Suicide *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Lewis H Pike*  
Died at *near Homestead* Town *Washington* County  
Date of death 1909 12 8 Month Day Age 66 Years 2 Months 8 Days  
Sex *Male* Color or Race *White* Birth-place *Pa*  
Occupation *Retired Merchant* Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed *Married* Name of Wife or Husband *Mary L Snyder*  
Father's Name *Samuel Pike* Father's Birthplace *MD*  
Mother's Maiden Name *Eviline Allen* Mother's Birthplace *Pa*  
Name of person giving Information *Winnie Rummell* How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Cerebral Hemorrhage -* How long *64* *Sudden Death*  
Immediate *✓* How long *✓*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*D. C. R. Miller*

Address

*Mason - Dixon Tr.*

Accident or Suicide

*no*PHYSICIAN  
OR CORONER

L. M. Watkins

Name  
in  
Full

CERTIFICATE OF DEATH

*Erwin E Poffenbarger*

Diad at *Eakhs Mills*

County *Washington*

MARYLAND

Date of death 1909 12 9

Age

Years

Months

Days

*3*

Sex

*Male*

Color or  
Race

*White*

Birth-  
place

*Eakhs Mills*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Erwin E Poffenbarger*

Father's  
Birthplace

*Boonsboro*

Mother's  
Maiden Name

*Bartha E Poffenbarger*

Mother's  
Birthplace

*Middletown*

Name of person giving  
Information

*Erwin E Poffenbarger*

How related  
to deceased

*Father*

CAUSES OF DEATH

Primary

*Infected Scap Wound*

How long

*2 days*

Immediate

*Septicemia*

How long

*3 days*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*Richard H Rice M.D*  
*Keedy'sville*

Address

Accident or Suicide

*MD*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

L E Sumner & Son



Name  
in  
Full

CERTIFICATE OF DEATH

Educa Grace Pomeroy

Town

County

MARYLAND

Died at Hagerstown

Washington

Date

of death

1909 12

Day

14

Age

Years

18

Months

7

Days

10

Sex

Female

Color or  
Race

White

Birth-  
place

Ind

Occupation

Teacher

Where Residing if not  
at place of death

C

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

James A. Pomeroy

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Laura J. Renner

Mother's  
Birthplace

Ind

Name of person giving  
Information

James A. Pomeroy

How related  
to deceased

Father

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Three months

Immediate

Tuberculosis

How long

Three months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address



Chas. D. Doyle M.D.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Supper  
Rose Hill

H.K. Coffman

# CERTIFICATE OF DEATH

### CAUSES OF DEATH

L. M. J. W. E. S. J. W.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Hagerstown Washington County

MARYLAND

Date

of death 190

9

Month

12

Day

23

Age

Years

Months

8

Days

29

Sex

Female

Color or  
Race

White

Birth-  
place

Harper's Ferry W Va

Occupation

House Work

Where Residing if not  
at place of death

Hagerstown

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Charles Ricketts

Father's  
Name

Arthur J Lewis

Father's  
Birthplace

Baltimore Md

Mother's  
Maiden Name

Dorothy Cross

Mother's  
Birthplace

W Va

Name of person giving  
Information

Charles Ricketts

How related  
to deceased

Husband

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORNER

Primary

Rupture of common duct (bilious)

How long

6 days

Immediate

Intestinal obstruction

How long

6 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Peregrine W. Roth, Jr.  
Hagerstown, Md.

Accident or Suicide

A.K. Coffman

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Date of death	Month <i>12</i>	Day <i>12</i>	Age <i>1</i>	Months <i>10</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harrisburg Pa</i>		
Occupation <i>Bookkeeper</i>			Where Residing if not at place of death <i>Hagerstown</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Jesse Schneider</i>			Father's Birthplace <i>Connell Co. Md</i>		
Mother's Maiden Name <i>Emma Elizabeth Debow</i>			Mother's Birthplace <i>Connell Co. Md</i>		
Name of person giving Information <i>Jesse Schneider</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

Primary *Whooping Cough & Bronchopneumonia* How long *3 weeks*

Immediate *Spasms* How long *2 1/2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide *No*PHYSICIAN  
OR CORONER

Coffman

Rose Hill

A. K. Coffman



Name  
in  
Full

CERTIFICATE OF DEATH

Mrs Barbara Schuster

Town

County

MARYLAND

Died at Hagerstown Wash.

Date of death 1909 12 22 Age 75 Months 6 Days 5

Sex female Color or Race white Birth-place Germany

Occupation N. W. Where Residing if not at place of death

Married, Single or Widowed widow Name of ~~Wife~~ or Husband Robert Schuster.

Father's Name Henry Weimer Father's Birthplace Germany

Mother's Maiden Name Not Known Mother's Birthplace Germany

Name of person giving Information Harry Schuster How related to deceased son

CAUSES OF DEATH

Primary Fatty degeneration of heart  
Immediate Heart

79 How long month  
How long months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm. D. Dyer  
Hagerstown

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

L.M. Suter & Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Elizabeth Smith</i>		Town <i>Wilson</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Wilson</i>		Month <i>12</i>		Day <i>29</i>		Years <i>84</i>	
Date of death <i>1909</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>House work</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph Smith</i>		<i>Pa</i>			
Father's Name <i>Daniel Bragauer</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Rosa Hauer</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Joseph Smith</i>		How related to deceased <i>Son</i>					
				CAUSES OF DEATH			

(154)

PHYSICIAN  
OR CORONER

Primary	<i>General debility</i>	How long	<i>2 mos.</i>
Immediate	<i>Heart exhaustion</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yeo.</i>	Signature of Physician	<i>F. M. Hoffmeyer</i>
<i>J</i>		Address	<i>Hagerstown Md</i>
Accident or Suicide?			

Coffman  
St. Pauls Church,

Name in Full		MARTIN E. SNARELY				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sharpstown		Washington		MARYLAND	
	Date of death	1909	Dec	23	Age	66	Months 9 Days 5
	Sex	Male		Color or Race	White		Birth place
	Occupation	Dairyman		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife & Husband	Ella Snarely		
	Father's Name	John H. Snarely				Father's Birthplace	Earles Mills, Md.
	Mother's Maiden Name	Lydia A. Donaldson				Mother's Birthplace	Panama, Md.
	Name of person giving information	Ella Snarely				How related to deceased	Wife
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Hemiplegia				How long	Several yrs.
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	E. M. Garrett		
				Address	Sharpstown, Md.		
	Accident or Suicide?						

Phas. S. Wade  
undertaker

Name  
in  
Full~~Anna~~ Mary Ellen Snyder

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Sharpsburg R.F.D. <sup>County</sup> Washington

MARYLAND

Date of death 1909 <sup>Month</sup> Dec <sup>Day</sup> 12 <sup>Years</sup> Age <sup>Months</sup> <sup>Days</sup> 2  $\frac{1}{2}$ 

Sex Female Color or Race white Birth-place Md.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Albert Snyder

Father's Birthplace Wash Co Md

Mother's Maiden Name Mary Shafer

Mother's Birthplace Frederick Co Md

Name of person giving information Albert Snyder

How related to deceased Father

## CAUSES OF DEATH

Primary convulsions

How long 71

Immediate

How long ?

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

B-M. Reichard  
Fair Play.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

e





Name  
in  
Full

Wesley Suffacool

CERTIFICATE OF DEATH

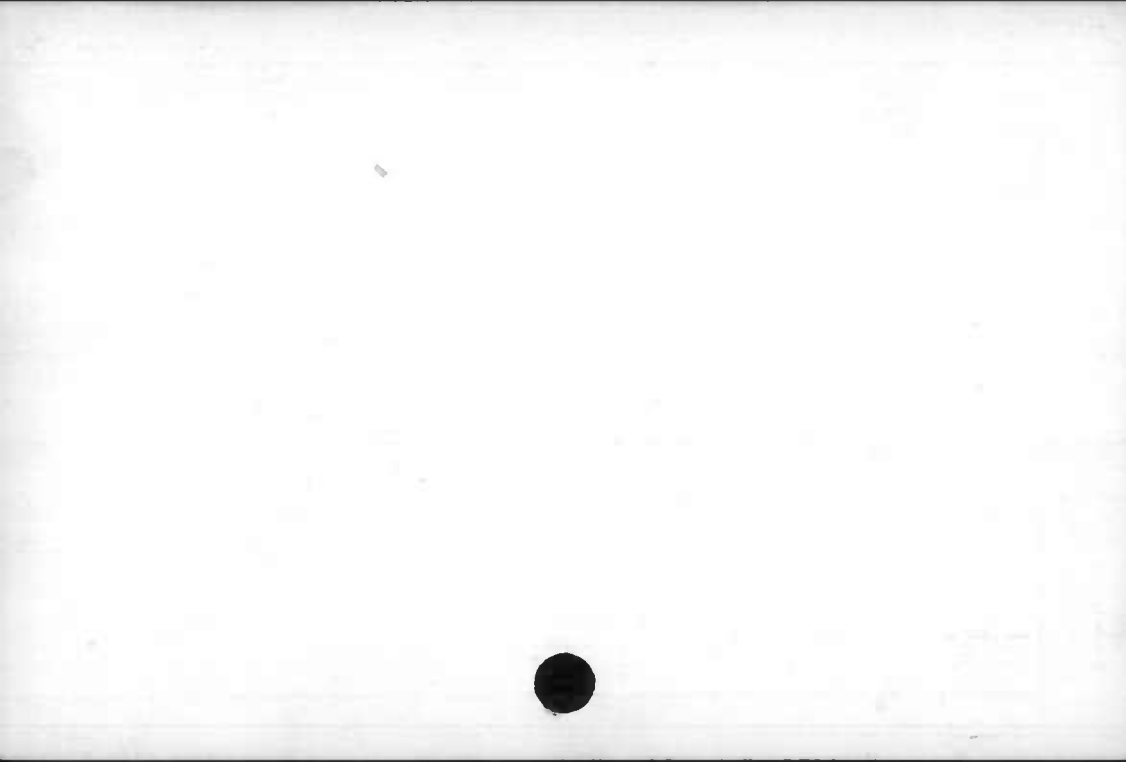
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Clear Spring		Washington					
Date of death	1909	Month	12	Day	27	Age	71
Sex	male	Color or Race	White	Birthplace	Pa.		
Occupation	Laborer			Where Residing if not at place of death	Clear Spring.		
Married, Single or Widowed	married	Name of Wife or Husband	Mary Repp				
Father's Name	Issac Suffacool				Father's Birthplace	Pa.	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving Information	Wife				How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever		How long	14 days
Immediate	Heart failure		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes		Thos Boase	Clear Spring, Md	
Accident or Suicide				



Name  
in  
Full

CERTIFICATE OF DEATH

Mary Ann Swisher

Died at

Beaver Creek

County

Washington

MARYLAND

Date  
of death

1909 Dec

Day

12

Age

Years

7 3

Months

6

Days

22

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

John Swisher

Father's  
Name

Samuel Rile

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Sarah Beard

Mother's  
Birthplace

Maryland

Name of person giving  
Information

John Swisher

How related  
to deceased

Husband

CAUSES OF DEATH

66

Primary

How long

Immediate

Hemiplegia

How long

5 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

E. J. Smith

Address

Brownboro  
Ind

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Boring & Bant  
undertakers



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Mary Elizabeth Trumfower

Town

Hagerstown

County

Washington

MARYLAND

Date

of death

1909 Dec

Month

Day

24

Age

Years

Months

3

Days

7

Sex

Female

Color or  
Race

White

Birth-  
place

Hagerstown

Occupation

Where Residing if not  
at place of death

Hagerstown

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Jacob G. C. Trumfower

Father's  
Birthplace

Millsboro Md

Mother's  
Maiden Name

Clara B. McFadden

Mother's  
Birthplace

Charlestown

Name of person giving  
Information

Clara B. Trumfower

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Malnutrition

How long

2 months

Immediate

Broncho Pneumonia

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

D. A. Watkins

Address

Hagerstown Md.

Accident or Suicide

PHYSICIAN  
OR CORNER

S. K. Lowman

Name  
in  
Full

Victor Marion Uhler

CERTIFICATE OF DEATH

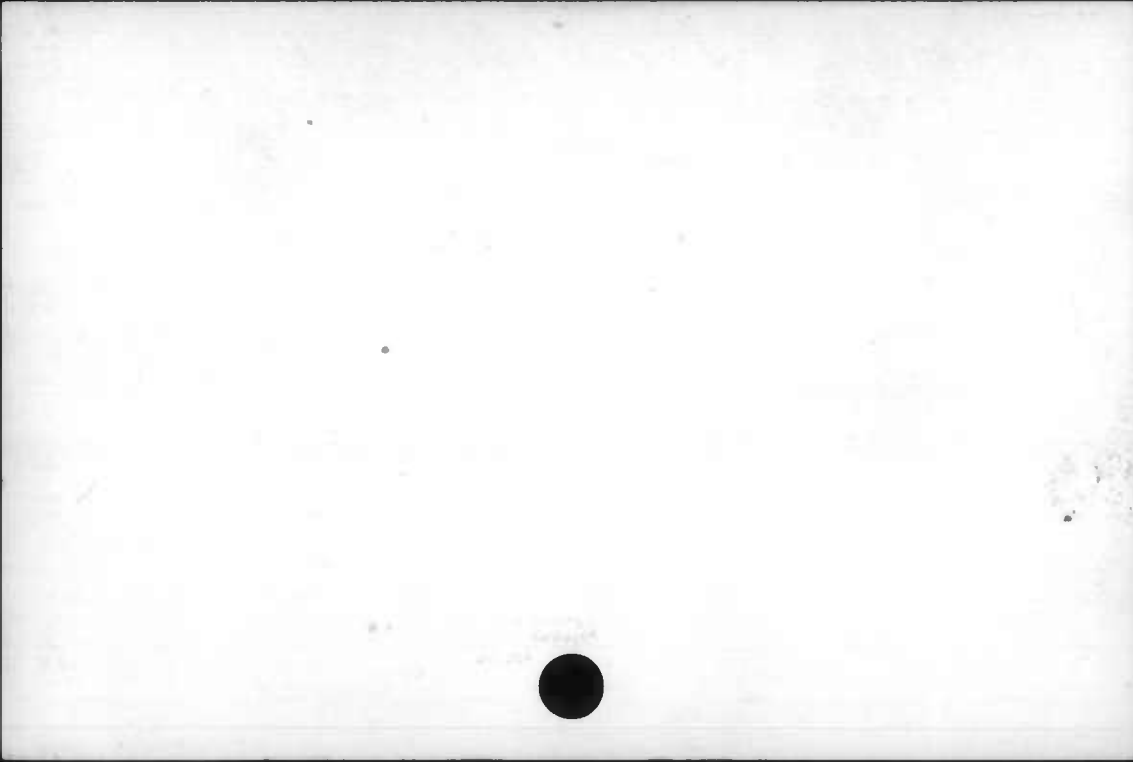
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Smithsburg		County Washington		MARYLAND	
Date of death	190	9	Dec.	11	Age	24	10
Sex		Male		Color or Race		White	
Occupation		None		Where Residing if not at place of death		Smithsburg	
Married, Single or Widowed		Single		Name of Wife or Husband		None	
Father's Name		Marion Uhler		Father's Birthplace		Balt. Co.	
Mother's Maiden Name		Emma Jane Riddlemoser		Mother's Birthplace		Smithsburg	
Name of person giving Information		Bertha M. Hiteshe		How related to deceased		Cousin	

CAUSES OF DEATH

Primary	Tuberculosis	How long	6 months
Immediate	Tuberculosis	How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. M. J. Sawyer	
Address		Smithsburg Maryland	
Accident or Suicide			

PHYSICIAN  
OR CORONER





Name  
in  
Full

Charles W. P. Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Hagerstown County Wash. MARYLAND

Died at Hagerstown

Date of death 1909 12 7 Age 67 Months 9 Days 5

Sex male Color or Race white Birth-place Georgia

Occupation Teacher Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed married Name of Wife Mina Hurd Walker

Father's Name Robert Walker Father's Birthplace Pa.

Mother's Maiden Name Sarah Germany Mother's Birthplace Pa.

Name of person giving Information Hurd Walker How related to deceased son

## CAUSES OF DEATH

78

Primary uraemia - Endocarditis How long 3 days

Immediate 8 How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

32

Signature of Physician

Address

Rich. Smith  
Hag. Md.

Accident or Suicide

no -

PHYSICIAN  
OR CORONER

2

Prattville Alabama  
Antaugua Co.

L.M. Suter & Son

Name  
in  
Full

Ellen B. Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Baconboro</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Date of death	Month <b>Dec</b>	Day <b>2</b>	Years <b>68</b>	Months <b>11</b>	Days <b>3</b>
Sex <b>Female</b>	Color or Race <b>White</b>		Birth-place <b>Maryland</b>		
Occupation <b>Housewife</b>		Where Residing if not at place of death _____			
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>William B. Wheeler</b>				
Father's Name <b>William C. Wheeler</b>			Father's Birthplace <b>Ind.</b>		
Mother's Maiden Name <b>Lydia Weaver</b>			Mother's Birthplace <b>Ind.</b>		
Name of person giving Information <b>William B. Wheeler</b>			How related to deceased <b>Husband</b>		

## CAUSES OF DEATH

Primary <b>Progressive Paralysis</b>	How long <b>66</b> <b>2 yrs</b>
Immediate <b>Pulmonary Edema</b>	How long <b>1 day</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>W. C. Wheeler M.D.</b>
	Address <b>Baconboro Maryland</b>
Accident or Suicide	

PHYSICIAN  
OR CORONER

Bringing & Past  
The duties